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| **Little Learners Schoolhouse**@ Gethsemane UMC 100 NC 150 W(Corner of 150 & N. Church Street)Greensboro, NC 27455336-314-7272 |  https://encrypted-tbn1.gstatic.com/images?q=tbn:ANd9GcTBXXFt-9uV9UT1xdcYjY5TZ6tk3zhSP5qKIP0aJZUEpnl5eoCZmA |
| **Application Date: (mm/dd/year)** | **School Start Date: (mm/dd/year**) |
| **Child’s Name – First** | **M.I.**  | **Last** | **Date of Birth:** |
| **Address: Street & Number** | **City** | **Zip Code** |

**Enrollment Registration**

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| --- | --- |
| **Toddler Room - 2 year old program**  **9am–12pm** **1 day/week 2 days/week** **3 days/week 4 days/week****Preschool - 3 & 4 year old program** **2 days/week 9am – 12pm** **3 days/week 9am – 12pm** **4 days/week 9am – 12pm** **5 days/week 9am – 12pm** | **Pre-K Kindergarten Readiness** **Monday – Friday 9am – 1pm** **Monday - Thursday 9am – 1pm** **\*4 - 5 year old program for students who will** **attend kindergarten the following school**  **year.** |

**Parent/Guardian Information**

|  |  |
| --- | --- |
| **Mother’s Name** | **Employer** |
| **Home Address** | **Occupation/position** |
|  | **Email** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

|  |  |
| --- | --- |
| **Father’s Name** | **Employer** |
| **Home Address** | **Occupation/position** |
|  | **Email** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

**Emergency Contact Person(s)**

**Other than parents/guardians**

|  |  |
| --- | --- |
| **1. Name** | **Relationship** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

|  |  |
| --- | --- |
| **2. Name** | **Relationship** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

|  |  |
| --- | --- |
| **3. Name** | **Relationship** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

**Authorized Pick Up Person(s)**

|  |  |
| --- | --- |
| **1. Name** | **Relationship** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

|  |  |
| --- | --- |
| **2. Name** | **Relationship** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

|  |  |
| --- | --- |
| **3. Name** | **Relationship** |
| **Home Phone** | **Cell Phone** | **Work Phone** |

**\*\*IMPORTANT NOTICE**

* Children will **ONLY** be released with authorized person per the enrollment form unless otherwise advised by the parent in writing or by email.
* A non-refundable registration fee of $100 is required with this application.
* Monthly tuition is due on the first day of the month regardless of absenteeism due to illness, inclement weather, or holidays & vacations. Tuition pays for the child’s place in the program.
* *If, for any reason it becomes necessary to withdraw your child, a minimum of one month’s notice is required.*
* Please read the Parent Handbook and become familiar with the information, sign the agreement form, and submit to the Director.
* Tuition assistance *may* be available through the Preschool Board

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| **Parent Signature Date** |