

# Learn and Love Preschool Application 2022-2023

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F

Does your child have any allergies?  No  Yes (Food: \_\_\_\_\_) (Medicine: \_\_\_\_\_)  
(Please understand these foods may be within your child's reach at school.)

Will any medicines need to be administered during school?  No  Yes

Does your child have any conditions that will affect play/learning?  No  Yes

Complete Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parents are:  Married  Divorced  Separated  Living Together

Are there any special custody arrangements?  No  Yes

If yes, please explain: \_\_\_\_\_

Sibling: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sibling: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sibling: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sibling: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

In addition to those listed above, the following individuals may pick-up my child:

Full Name	Cell #	Full Name	Cell #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to register my child in Learn and Love Preschool for the entire 2022-2023 school year in this class: All Day Preschool Monday-Friday 8:00am-4:00pm.

Tuition: \$1,250/month and a one-time registration/materials fee: \$250.

I agree to pay the monthly tuition by the first of each month, as well as the non-refundable registration/materials fee to reserve my child's place.

I give permission for my child's photograph(s) and/or videotaping(s) to be used for preschool marketing materials offline and online, newsletters, and art projects. I agree to abide by the Policies & Procedures Handbook which has been explained to me.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Preschool Use Only (Do Not Write Below This Line)** Registration Fee Paid: \$ \_\_\_\_\_

Cash / Check

Referral:  Flyer  Website  Referral from: \_\_\_\_\_ Other: \_\_\_\_\_

Child Fully Potty Trained or will be potty trained by the beginning of school: \_\_\_\_\_