



## Little Blessings Kindergarten Pre-Registration Form 2024/2025

- Complete and return **one form per child** enrolling in the 2024/2025 school year.
- Completion of the pre-registration **DOES NOT** guarantee a spot in any class.
- Return forms to the preschool office or email [littleblessings@parkerumc.org](mailto:littleblessings@parkerumc.org)
- **Forms due: Friday December 15<sup>th</sup>**
- Families will be notified of placement on Tuesday December 19th.
- Hours: Monday-Friday 9-2
- **Tuition:** \$655 monthly
  - Registration fee: \$300
  - Initial Deposit \$150 due Thursday December 21<sup>st</sup>, 2023 (to secure your spot)
  - Final Deposit of \$150 due on Monday February 26<sup>th</sup>, 2024 (to secure your spot)

### Child Information:

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Enrollment Status:

\_\_\_\_\_ Currently Enrolled \_\_\_\_\_ Alumni \_\_\_\_\_ Church Member \_\_\_\_\_ New to Little Blessings

### Services: Please complete.

_____ My child Currently has an IFSP	_____ My child is receiving other private therapies
_____ My child is receiving private speech services	_____ My child has received a developmental screening.
_____ My child is receiving private PT services	_____ My child has medical needs (allergies, diabetes, etc.)
_____ My child currently has an IEP	_____ Not Applicable (N/A)
_____ My child is receiving OT services	

### Immunization:

\_\_\_\_\_ New state regulations require that parents who claim a personal or religious exemption to immunizations must complete and sign a state issued exemption form and attend a state training. A copy of the exemption form needs to be handed into the office and the training needs to be completed prior to the first day of school. **Please refer to our Parent Handbook for full health and immunization policies.**