

**Lil Scholars Preschool**  
756 9th Street  
Des Moines, Iowa 50309  
(515) 285-2256  
[lilscholars1@gmail.com](mailto:lilscholars1@gmail.com)

**Lil Scholars Too**  
1300 8th Street #2  
West Des Moines, Iowa 50265  
(515)223-0008  
[lilscholarstoo@gmail.com](mailto:lilscholarstoo@gmail.com)

## Registration Form

**Mother/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed By: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier (ex. Verizon) \_\_\_\_\_

Last 4 Digits of SS # \_\_\_\_\_ (Code for computer) Work Phone: \_\_\_\_\_

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

Marital Status: \_\_\_Married \_\_\_Single \_\_\_Divorced \_\_\_Separated \_\_\_Other

**Father/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed By: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier (ex. Verizon) \_\_\_\_\_

Last 4 Digits of SS # \_\_\_\_\_ (Code for computer) Work Phone: \_\_\_\_\_

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

Marital Status: \_\_\_Married \_\_\_Single \_\_\_Divorced \_\_\_Separated \_\_\_Other

### **Other children in the home: (First Name and Birth Date)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Child's First Name** \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Child's SS # (last 4 digits) \_\_\_\_\_

Child's Address: \_\_\_\_\_

Present prescription medications: \_\_\_\_\_

Circumstances under which the non-prescription medication above may be given to my child: \_\_\_\_\_

Special needs of your child that Lil Scholars should be aware of: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any unusual eating problems or food dislikes? (Please explain) \_\_\_\_\_

Is your child potty trained?  Yes  No  Currently working on it!

How does your child get along with other children? \_\_\_\_\_

My child has had experience in:  Daycare  Preschool  Sunday School  None

Do you consider your child to be:  Right-Handed  Left-Handed  Not Sure

My child is really good at \_\_\_\_\_

My child needs help with \_\_\_\_\_

Additional information about your child that Lil Scholars should be aware of: \_\_\_\_\_

Other persons to notify if the parents/guardians cannot be reached or in case of an emergency:

Name	Phone #	Relationship
1. _____		
2. _____		
3. _____		

The following persons **are allowed** to pick up (or will be dropping off/picking up) my child from Lil Scholars:

Name	Phone #	Relationship
1. _____		
2. _____		
3. _____		

Persons **NOT allowed** to pick up my child from Lil Scholars (if applicable):

Name	Phone#	Relationship
1. _____		
2. _____		

(If there is a NO CONTACT ORDER issued by the court, please provide a copy)

My child is only attending preschool.

Please indicate the times that you will be dropping and/or picking up your child from Lil Scholars.

Drop off time at \_\_\_\_\_ Pick up time at \_\_\_\_\_

(\* Please note that if you plan to drop off earlier or pick up later than your indicated time, you will need to give Lil Scholars written notice, 3 days in advance, so that we can be sure to have the correct staff to child ratio for that day.)

\_\_\_\_\_  
(Signature of Parent / Legal Guardian)

\_\_\_\_\_  
(Date)

**Lil Scholars Preschool, L.L.C.**  
756 9<sup>th</sup> Street Des Moines, Iowa 50309  
(515) 285-2256

**Lil Scholars Too, L.L.C.**  
1300 8th Street #2 West Des Moines, Iowa 50265  
(515) 223-0008

### **Emergency Medical Treatment Authorization**

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_, give my permission to Lil Scholars Preschool, L.L.C. or any employee of Lil Scholars Preschool, L.L.C. to secure and authorize such emergency medical, surgical or dental care and treatment as my child might require while under the supervision of Lil Scholars Preschool, L.L.C. I also authorize Lil Scholars Preschool, L.L.C. to administer emergency care or treatment, as may be required, until emergency medical assistance arrives. I also agree to pay all the costs and fees of any emergency medical care and treatment for my child as secured or authorized under this consent. It is understood and I further agree that Lil Scholars Preschool, L.L.C. will make a conscientious effort to locate parents prior to such treatment being administered, secured or authorized. **NOTE:** Every effort will be made to notify parents immediately in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

**Name of Parent or Legal Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Child's Doctor** \_\_\_\_\_ **Doctor Phone** \_\_\_\_\_

Doctor's Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ **Dentist Phone** \_\_\_\_\_

Dentist Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_

**Preferred Hospital to Contact** \_\_\_\_\_ **Address** \_\_\_\_\_

**Person(s) to be contacted in emergency if the parents are unavailable:**

Name	Home Phone	Work Phone	Relationship
1. _____			

Present Medication(s) \_\_\_\_\_

Known Allergies \_\_\_\_\_

Date of last tetanus \_\_\_\_\_ Religious Preference \_\_\_\_\_

\_\_\_\_\_  
**(Parent / Guardian Signature)**

\_\_\_\_\_  
**(Date)**

Lil Scholars Preschool, L.L.C.  
756 9<sup>th</sup> Street Des Moines, Iowa 50309  
(515) 285-2256

Lil Scholars Too, L.L.C.  
1300 8th Street #2 West Des Moines, Iowa 50265  
(515) 223-0008

## Travel and Activity Authorization

I give permission for my child \_\_\_\_\_ to leave the above named facility for trips in a car, van or public transportation to special places, walks to the park, and/or field trips. I understand that I will be notified before an activity, through the weekly newsletter, in a special note home or by phone.

Restrictions for such trips:

1. Children from 3-6 years of age will be secured in a child restraint system (a car seat or booster seat, as required by law for their age and weight), provided by their parent or guardian.

Additional restrictions, if any, set by parent(s) / guardian(s):

2. \_\_\_\_\_
3. \_\_\_\_\_

---

Signature of Parent/Guardian

---

Date

**Lil Scholars Preschool, L.L.C.**  
756 9<sup>th</sup> Street Des Moines, Iowa 50309  
(515) 285-2256

**Lil Scholars Too, L.L.C.**  
1300 8th Street #2 West Des Moines, Iowa 50265  
(515) 223-0008

## **Contract Agreement**

parents of  do hereby agree to pay, Lil Scholars Preschool, L.L.C. or Lil Scholars Too L.L.C. a weekly tuition of \$  dollars, starting , until 2 weeks written notice of termination is given.

Outstanding balances shall never exceed one week of fees or your child will be suspended from attending Lil Scholars until all payments are made in full.

We understand that this contract can be terminated by Lil Scholars Preschool LLC or Lil Scholars Too LLC at any time for any reason(s). We also understand that if we terminate without a two week notice, then a \$200.00 cancellation fee and three weeks of our weekly tuition will be due immediately.

I hereby give my consent for my child's photograph to be used by Lil Scholars Preschool LLC or Lil Scholars Too LLC.

I have read and understand Lil Scholars' Behavior Management portion in the Policies and Procedures Manual.

A two week written notice will need to be given to Lil Scholars if a parent or guardian chooses to discontinue/terminate enrollment from Lil Scholars. If a two week written notice is not given to Lil Scholars before the child discontinues or if he/she does not attend preschool for two weeks or longer then a \$200.00 cancellation fee and three weeks of your tuition will be charged.. Late fee charges will continue to be applied and compounded, until payment is made in full. Any and all unpaid balances on your account will result in you being held responsible for any and all legal fees, court costs and/or any other fees incurred to obtain the money owed to Lil Scholars Preschool LLC or Lil Scholars Too L.L.C.

Lil Scholars Preschool LLC and Lil Scholars Too LLC only accepts ACH as a form of payment for weekly tuition charges. ACH forms must be completed prior to the admission of your child. For each returned ACH, there will be a \$25.00 returned ACH fee. Payment for returned ACHs tuition and the ACH fee, is due by Friday of the current week, in cash or there will be a \$10 late fee applied to your account.

Late Pick Up – Your child must be clocked out of the clock in/clock out system by the times below to avoid late fees:

Lil Scholars Preschool – 5:31pm

Lil Scholars Too – 5:46pm

\* Late fees apply starting 1 minute after we close. There is a \$15 charge applied for each 15 minutes that you are late. Please refer to the prices & times below:

5:31 – 5:45 - \$15.00

5:46 – 6:00 - \$15.00

5:46 – 6:00 - \$30.00

6:01 – 6:15 - \$30.00

6:01 – 6:15 - \$45.00

6:16 – 6:30 - \$45.00

Your child may be terminated from Lil Scholars Preschool LLC or Lil Scholars Too LLC for 2 or more returned ACH charges and/or tuition payments not being made. Lil Scholars has the right to terminate any child and/or family for any reason.

Vacation / sick days may NOT be used once you give your 2 weeks notice to discontinue or terminate enrollment from Lil Scholars. Vacation days can not be accumulated from year to year. A Vacation / sick day must be turned in no later than one week after your child has been absent from Lil Scholars.

The \$50 registration fee is an annual charge that is due when you register and/or each September.

A child must be fever, diarrhea and vomiting free for 24 hours before returning or attending Lil Scholars, without the aid of a fever reducer.

All children are required to have a yearly physical and current immunizations in order to be enrolled at Lil Scholars.

We hereby acknowledge that we have received, read, understand and agree to the policies set forth in Lil Scholars Preschool, L.L.C. and Lil Scholars Too, L.L.C. Policies and Procedures Manual.

**I have read, understand, and will comply to all of the conditions in the Lil Scholars Preschool/ Lil Scholars Too Policies and Procedures Manual and I agree to all the conditions of this contract.**

Signature of Parent or Guardian

Date

\_\_AUTHORIZATION AGREEMENT FOR DIRECT DEBIT\_\_

**COMPANY NAME:** Lil Scholars

I (We) hereby authorize **Lil Scholars**, hereinafter called **COMPANY**, to initiate debit entries and/or correction entries to our  
 **Checking**     **Savings** account (select one) indicated below at the depository named below, herein called **DEPOSITORY**, to credit the same such account.

**BANK NAME** \_\_\_\_\_

**City** \_\_\_\_\_

**STATE** \_\_\_\_\_

**Bank Routing Transit Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

This authorization is to remain in full force until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** reasonable opportunity to act upon it.

**Name (s)** \_\_\_\_\_

**SSN NUMBER** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

ATTACH A VOIDED CHECK HERE