

Pre-Registration Form

Lil Scholars Legacy
2201 Sunset Drive
Norwalk, IA 50211
Phone 515-981-0089
Fax 515-981-0727
Open 6:45 a.m.- 5:45p.m.

Lil Scholars Preschool
756 9th Street
Des Moines, IA 50309
Phone 285-2256
Fax 515-244-0164
Open 7:00 a.m.-5:30 p.m.

Lil Scholars Too
1300 8th Street Suite #2
West Des Moines, IA 50265
Phone 515-223-0008
Fax 515-244-0164
Open 6:45 a.m.-5:45 p.m.

**** A \$50.00 deposit is required to reserve your child's spot. ****
These are current tuition prices. Tuition may change at any time with 2 weeks notice.

****Weekly rates are based on the classroom that your child starts in. Your child's weekly rate does not change until your child moves to the next age classroom at the start of the following school year. The age that your child is, on or before September 15th is the age of the classroom that your child will start in.**

Childcare with Preschool

- Infant room (6 weeks – 12 months) - \$277.00 weekly**
- Toddler room (13-24 months) - \$277.00 weekly**
- 2 year old room** Childcare including pre-preschool - \$257.00 weekly
- 3 year old room** Childcare including preschool - \$247.00 weekly
- 4 & 5 year old room** Childcare including preschool - \$232.00 weekly

Elementary School Care

After School Care - \$90 weekly 5 days Grade: _____ School: _____

2 - 3 Year Old Just Preschool - Tues and Thurs. 3 - 5 Year Old Just Preschool - Mon, Wed, & Fri.

- (8:30-11:30am) - \$65.00 weekly**
- (8:30-11:30am) - \$80.00 weekly**

Child's Name _____ **Birth Date/Due Date** _____

Parent's Name _____

Address _____ **City** _____ **Zip** _____

Cell Phone _____ **Cell Phone** _____

E-Mail Address _____

Start Date _____ **- You are required to start paying on this date.**

I understand that the \$50.00 registration fee is non-refundable. (\$50.00 non-refundable registration fee will be used for preschool and/or daycare supplies and to pay staff during conference days.) The registration fee is an annual charge that will be billed to your account yearly.

I understand that in order to start at Lil Scholars, I must submit the registration packet, physical and immunizations.

****** I understand that I am required to start paying tuition on my start date, unless I give a 30 day notice or I pay for two weeks worth of tuition. **** I understand that I must submit an ACH or Credit Card number in order to reserve my spot.**

Parent Signature _____ **Date** _____

Date Registration was received _____ Check # _____ Credit Card _____ Cash _____

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

COMPANY NAME: Lil Scholars

I (We) hereby authorize **Lil Scholars**, herein after 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

Office Use: Account _____ Center _____
