

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.

Childcare with Preschool

- Infants (6 weeks – 12 months)** - \$257.00 weekly
- Toddlers (13-24 months)** - \$257.00 weekly
- 2 year olds** Childcare including pre-preschool - \$237.00 weekly
- 3 year olds** Childcare including preschool - \$227.00 weekly
- 4 & 5 year olds** Childcare including preschool - \$212.00 weekly

Elementary School Care

Before and After School Care - \$80.00 weekly Grade _____ School Attending _____

2 - 3 Year Old Just Preschool - Tues and Thurs.

(8:30-11:30am) - \$60.00 weekly

3 - 5 Year Old Just Preschool - Mon, Wed, & Fri.

(8:30-11:30am) - \$75.00 weekly

Child's Name _____ Birthdate/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 _____
