

Lil Scholars Legacy
2201 Sunset Drive
Norwalk, Iowa 50211
(515) 285-2256
lil scholarsnorwalk@gmail.com

Lil Scholars Preschool
756 9th Street
Des Moines, Iowa 50309
(515) 285-2256
lil scholars1@gmail.com

Lil Scholars Too
1300 8th Street #2
West Des Moines, Iowa 50265
(515) 223-0008
lil scholarstoo@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 (**MUST HAVE 3**):

| 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)

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Emergency Medical Treatment Authorization

Child's Full Name _____ Birthdate _____

I, _____, the undersigned parent/guardian of _____, give my permission to Lil Scholars Preschool LLC, Lil Scholars Too LLC or Lil Scholars Legacy LLC or any employee of the above said companies to secure and authorize such emergency medical, surgical or dental care and treatment as my child might require while under their supervision. I also authorize Lil Scholars Preschool, Lil Scholars Too or Lil Scholars Legacy 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/or treatment for my child as secured or authorized under this consent. It is understood and I further agree that Lil Scholars Preschool, Lil Scholars Too or Lil Scholars Legacy will make a conscientious effort to immediately notify parents prior to such treatment being administered, secured or authorized. **NOTE:** In the event of an emergency, it is 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 case of an 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)

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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/Authorizations 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.
2. Any and all school-age children who are transported to and from school will be transported in the center van, with only one adult staff member. By signing this paper, you are aware that school-aged children are to be transported to and from school with a reduced ratio and you are authorizing this reduced ratio.

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

3. _____
4. _____

Signature of Parent/Guardian

Date

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Contract Agreement

parents of do hereby agree to pay, Lil Scholars

Preschool, Lil Scholars Legacy or Lil Scholars Too weekly tuition of \$ dollars, starting , until 14 days 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.

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

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

A 14 day 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 14 day written notice is not given to Lil Scholars before the child discontinues or if he/she does not attend preschool for 10 days 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, Lil Scholars Legacy or Lil Scholars Too LLC.

Lil Scholars only accepts ACH as a form of payment for weekly tuition charges. ACH forms must be completed prior to the admission of your child. All accounts must have an ACH on file. 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. Your child may not return until payment and fees have been paid in full.

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 Legacy - 5:46pm 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:

Lil Scholars Preschool

Lil Scholars Legacy & Lil Scholars Too

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

Lil Scholars has the right to terminate any child and/or family for any reason, with or without notice. We also understand that Lil Scholars Preschool, Lil Scholars Legacy and/or Lil Scholars Too LLC can terminate this contract for any reason. Your child may also be terminated from Lil Scholars for two or more returned ACH charges and/or tuition payments not being made.

Vacation / sick days may NOT be used once you give your 14 day 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.

All field trip fees and/or extra curricular activity fees are your responsibility. Fees have to be paid prior to the field trip/activity.

I/We acknowledge that I/we have received, read, understand and will comply with all of the conditions in the Lil Scholars Preschool / Lil Scholars Legacy / 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 Preschool, Lil Scholars Legacy, Lil Scholars Too LLC

I (We) hereby authorize Lil Scholars Preschool LLC, Lil Scholars Legacy LLC or Lil Scholars Too LLC, 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 (9 digits) ____ _ ____ _ ____ _ ____ _ ____ _

Account Number _____

The authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act upon it.

Name (s) _____

SSN Number _____

Signature _____

Date _____

Attach A Voided Check Here