




Small Scholars
Enrollment Procedures
School Year 2008-2009

January 2, 2008

Families,

Happy New Year! I hope everyone has had an enjoyable holiday season. As classes start-up again, it is also time to begin enrollment for our Fall Session. Our current students and their siblings will have the opportunity to register first. On February 1, enrollment will be open to the general public. Registration for summer session will take place in April. For families considering Small Scholars Kindergarten, we have designated January as visiting month. Miss Jessica is inviting parents to come in and observe our Kindergarten class in action. Please speak with me (Miss Traci) to set up your appointment.

Please note:

-  A \$20 non-refundable application fee per child is due at time of registration.* (K, 1st & 2nd \$30)
-  A \$100 non-refundable deposit per child is due at time of registration.* (K, 1st & 2nd \$200)
This deposit will go toward your child's tuition at a rate of \$10 per monthly payment.
(K, 1st & 2nd \$20)
-  Tuition for 2008-2009 is as follows:
 - 2 days a week (10 payments of \$161 - \$10 from deposit = \$151)
 - 3 days a week (10 payments of \$231 - \$10 from deposit = \$221)
 - 5 days a week (10 payments of \$392 - \$10 from deposit = \$382)
 - K, 1st & 2nd /5 full days a week (10 payments of \$600 - \$20 from deposit = \$580)
 - Before/After childcare for K, 1st & 2nd (\$50/month), an additional fee will apply for days your child is not scheduled to attend; such as Christmas Break and Spring Break, etc.

*Above fees are non-refundable regardless of reason for withdrawing. In order to continue holding classes at our 'A' Building, a minimum number of students will need to be enrolled. A decision will be made by August 1. If the location of classes is moved, all students will still be enrolled. If you have questions or concerns regarding the possible relocation, please speak with Miss Traci.

Please use the attached enrollment form to specify class desired. Please return by January 31 or sooner, to ensure placement in class desired.

Thank you for taking the time to register this month, giving us ample planning time for our next school year.

Sincerely,

Traci Davis

Small Scholars Preschool
Application For Admission 2008-2009

Please print or type all information and return with the non-refundable application fee of \$20. Application Date: _____

Check those that apply: _____ medical condition alert _____ allergy alert _____ custody alert

Full Name of Student Applicant: _____

Preferred Nickname if applicable: _____ last _____ first _____ middle _____
Sex: _____ Age: _____ Date of Birth: _____ Race/Ethnicity: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinctive Marks: _____

Parents: () Married () Divorced () Separated () Widowed () Single If parents divorced, child lives with: Both Parents, Mother, Father, Other: _____ If divorced, legal guardian is: Mother, Father, Other: _____

Mother's Name: _____ e-mail: _____

Complete Mailing Address: _____

Home Address if different from above: _____

Phone: (_____) _____ Cell #: (_____) _____ Work #: (_____) _____ Occupation: _____

Place of Employment: _____ Employment Address: _____

Father's Name: _____ e-mail: _____

Complete Mailing Address: _____

Home Address if different from above: _____

Phone: (_____) _____ Cell #: (_____) _____ Work #: (_____) _____ Occupation: _____

Place of Employment: _____ Employment Address: _____

Emergency Contact Information:

Please list 2 people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

1. Name: _____ Phone #: _____ Address: _____ Relationship to child: _____
Is this person authorized to make medical decisions for your child if you cannot be reached?

2. Name: _____ Phone #: _____ Address: _____ Relationship to child: _____
Is this person authorized to make medical decisions for your child if you cannot be reached?

Physician Name: _____ Phone number: _____

Pick-Up Information:

The following people have permission to pick-up the child named above from Small Scholars Preschool, LLC. It is the parent's responsibility to notify the Center in writing of any changes. Anyone picking up the child, including parents, may be asked to show a picture I.D. to verify their identity. Please select a code word that can also be used in the event the Center needs additional verification: _____. Make sure anyone picking up the child knows the code word.

1. Name: _____ Phone #: _____ Address: _____ Relationship to child: _____

2. Name: _____ Phone #: _____ Address: _____ Relationship to child: _____

3. Name: _____ Phone #: _____ Address: _____ Relationship to child: _____

4. Name: _____ Phone #: _____ Address: _____ Relationship to child: _____

By signing below, you agree that this is a legally binding form and that all information provided is true to the best of your knowledge. Only sign below if you have been provided a copy of and agree to abide by our policies and procedures.

Parent Signature: _____ Date: _____

Upon Acceptance Into The Program, Director Signature: _____ Date: _____

