



LEARNING DYNAMICS PRESCHOOL

For 4-Year Olds Only

Circle the Learning Dynamics
Reading Books you already have:
None Blue Red
Yellow Green

Office Use Only:

Day: _____ Time: _____

Teacher: _____

Preschool Registration Form - August thru May

Child's Name: _____

Name for Bag: _____

Current Age: _____ Birth Date: _____

Sex: Male Female

Medical Information/Conditions: _____

Y/N - Child's immunizations are current and up-to-date

Home Address: _____

City: _____ State: _____ Zip: _____

Secondary Emergency Contact: (other than parents)

Name: _____

Phone: _____

Classroom / Program:

- Mini 3's
- 3-year old program
- 4-year old program
- 4-year old program DAILY
- MWF
- TTH
- AM (9:00 - 11:15)
- PM (12:00 - 2:15)
- AKP program (9:00-11:00am or 12:30-2:30pm)

Mother's Name: _____

Cell Phone: _____

Email (required) : _____

Father's Name: _____

Cell Phone: _____

Email : _____

Tuition and Fees:

Initial:

_____ Monthly tuition \$ _____

_____ Book fee (Due in October) \$90.00
(53 books - blue, red, yellow, green sets)

_____ Music / flashcards (Due in October) \$22.00

_____ I understand there is an early withdrawal fee
of \$50 if I withdraw after school has started.

Registration Today:

Initial:

_____ Registration fee \$ _____
(this fee is a non-refundable fee)

_____ Other: _____ \$ _____

Total Paid: \$ _____

I give permission for my child to participate in school activities and will not hold the school responsible for any injuries or accidents that may occur at the school or on its property. In the event of an emergency I give Learning Dynamics ("LD") permission for emergency transport and emergency medication. I agree to pay tuition by the first week of every month. I understand that I will not get credit or reimbursement from the school for days missed. Teachers are subject to change. I also acknowledge that Learning Dynamics ("LD") will periodically take, and own, visual images of classrooms, groups, and children, including possibly my child, doing activities at Learning Dynamics and grant permission for these images to be used for LD marketing purposes without compensation to me or my child and release LD from any liability in connection with the use of these images. I also acknowledge that periodically toilet accidents occur; in the event that such an accident occurs with my child, I give LD (two people present) permission to change my child's clothes if necessary.

Parent's Signature: _____

Date: _____