



Registration Checklist

- _____ All Forms Completed and Signed
- _____ Authorization Form Notarized
- _____ Official Current Physical and Shot Records from Physician
- _____ Nap Items: Sleeping Bag and Pillow
- _____ Spare Set of Clothing
- _____ Registration Fee
- _____ Emergency Information
- _____ Copy of Birth Certificate

Little Hands Learning Center Weekly Rates

Monday-Friday

7:00am-6:00pm

Registration Fee: \$75.00 (Due at time of Enrollment and every August)

Curriculum Fee: \$75.00 per year



Age	Full Time	Part Time
2	\$140.00	\$70.00
3	\$130.00	\$65.00
4	\$120.00	\$60.00

*Determination as to whether a student is part time or full time is under the Directors discretion

Little Hands Learning Center Enrollment Application

Please fill in application completely and legibly

Child Name _____
(Last Name) (First Name) (Middle)

Child Address _____
City _____ State _____ Zip _____
Date of Birth Sex M F Phone # _____ Full time _____ Part-Time _____
Approx arrival time _____ Approx Departure time _____

Enrolling Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____
Email Address _____ Home Phone # _____ Cell Phone # _____
Employer _____ Work# _____ Ext. _____
Address _____ City/State/Zip _____ Work hours _____
Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to child _____ Drivers License # _____
Address _____ City/State/Zip _____

Email Address _____ Home Phone # _____ Cell Phone # _____
Employer _____ Work# _____ Ext. _____
Address _____ City/State/Zip _____ Work hours _____

Parents Marital Status Married Divorced Single

Primary Residence Both Mother Father Guardian

Guardian child lives with: _____ Relationship _____

If divorced, who has legal custody? _____

May non custodial parent pick up the child? Yes No

Little Hands Learning Center must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court paper state otherwise.

The child will be released only to the people on this application and the following persons:

Name _____ Relationship to child _____

Address _____ Phone: _____

Name _____ Relationship to Child _____

Address _____ Phone: _____

Enrolling Parent/Guardian Signature _____ Date _____

Little Hands Learning Center Enrollment Application

Continued

Child Name _____
(Last) (First) (Middle)

Child Physician _____

Any Allergies or Special Needs: _____

Hospital Preference _____

Emergency Contact other than parents _____

Name _____ Address _____ Phone _____

Is your child potty trained? Yes No

If no is your child ready to begin toilet training? Yes No

What does your child say when he/she wishes to use the toilet _____

Does your child need help: Dressing Eating Washing Hands Other _____

Does your child have any special fear or problems? _____

Has your child been cared for by anyone other than the parents? Yes No

If yes, whom? _____

Favorite Book _____ Favorite Game/Toy _____

The Center will be open from 7:00AM until 6:00PM

- I agree I am enrolling for _____ days per week at a cost of _____.
- Payment in full is due each week, payment is not reduced for absences, early pickup, closures due to holidays, or weather conditions.
- I understand my child may be absent one week each year that they will not be charged for. Administration must be notified in advance of absences all other weeks must be paid at full rate.
- I agree to pay a registration fee at the time of enrollment and a yearly material fee due every August according to the age group of my child.
- I agree to pay in advance each weeks tuition.
- I am aware that I will be charged a fee for late pick-ups.
- I will be charged a fee for all returned checks
- This institution reserves the right to terminate services for non-payment, un-controllable behavior or non-parental support of the Child Care policies and procedures. We reserve the right to refuse services if it is in the best interest of the facility or child at anytime.
- I am aware that I must give a two-weeks notice for withdrawal and I will be held responsible for the payment of those two weeks.

I have read and understand all payment and absence policies listed above.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

***Note please notify the center immediately if any information changes such as phone numbers addresses etc.

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Please fill in application completely and legibly

Parent Authorization

I hereby authorize the staff and administration, representing Little Hands Learning Center to give consent for any and all necessary emergency medical and First Aid for my child, _____, while he/she is in Little Hands Learning Center custody.

SIGNATURE OF PARENT/GUARDIAN _____

State of Florida County of Orange

Subscribed and sworn before me on this _____ day _____, 20____

Who is personally known to me or has produced _____ for identification

Who did / did not take an oath.

Notary Public

My commission expires on: _____

Signature of Notary: _____

Notary Public Name: (Print) _____

My commission expires _____

Seal: _____



Academy Permissions

- Permission (is / is not) given for photography for publicity and advertising purposes such as but not limited to internet, print or other forms of graphic media.

Signature of Parent or Guardian _____ Date _____

**Please note your child maybe photographed for classroom use, projects and yearbook.

CHILD INFORMATION

Enrollment Date _____

Name of Child: _____ Sex: _____

Date of Birth: _____ Allergies: _____

Home Address: _____

Parent or Guardian: _____

Phone: _____ Work Phone: _____

Cell Phone: _____ Drivers License #: _____

Name of Parents employer: _____

Address: _____

Email: _____

Parent or Guardian: _____

Phone: _____ Work Phone: _____

Cell Phone: _____ Drivers License #: _____

Name of Parents employer: _____

Address: _____

Email: _____

OTHERS TO BE CONTACTED WITHIN THE IMMEDIATE AREA IF PARENTS OR
GUARDIAN CANNOT BE CONTACTED IN CASE OF EMERGENCY & THOSE
ALLOWED PICKING UP CHILD:

Name: _____

Address: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____

Address: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____

Address: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Physician Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____