

**Preschool Registration**

A non-refundable registration fee of \$50 (\$45 for additional sibling(s)) must accompany this form. Please make your check payable to Little Acorn Academy and mail/drop off to the above address or Venmo @Little-Acorn. If we cannot offer you a class placement, your fee will be returned to you.

I am registering my child for: (please mark your 1<sup>st</sup> and 2<sup>nd</sup> choice)

_____ Tiny Seeds (must be 2 ½ to start by November 15)	Tuesday & Thursday 9:00-11:30	\$165
_____ Tiny Seeds (must be 2 ½ to start by November 15)	Monday & Wednesday 9:00-11:30	\$165
_____ 3 Day Sprouts (must be 3 by September 30)	Tuesday, Wednesday & Thursday 9:00-11:30	\$194
_____ 3 Day Sprouts (must be 3 by September 30)	Monday, Tuesday & Thursday 8:45-11:15	\$194
_____ Acorns AM (must be 4 by November 30)	Monday, Tuesday & Thursday 8:45-11:15	\$194
_____ Acorns PM (must be 4 by November 30)	Monday, Tuesday & Thursday 12:15-2:45	\$194
_____ Mighty Oaks AM For children planning to attend Kindergarten the following school year	Monday - Thursday 8:45-11:15	\$240
_____ Mighty Oaks PM For children planning to attend Kindergarten the following school year	Monday - Thursday 12:15-2:45	\$240
_____ STEAM AM	Tuesday & Thursday 8:45-12:15 or Monday & Wednesday 8:45-12:15	\$155 (includes lunch bunch)
_____ STEAM PM	Tuesday & Thursday 11:15-2:45 or Monday & Wednesday 11:15-2:45	\$155 (includes lunch bunch)

\*The times of the above classes may change by 15 minutes to accommodate a staggered start.

\*\*These are the classes planned, but require a certain class size to officially open.

**We will be in touch with your child's class placement.**

Child's Full Name: \_\_\_\_\_ Name to be used at school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Home address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail(s) to receive school communication: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any additional information, medical or otherwise, that may be useful to the preschool staff:

How did you hear about Little Acorn Academy?

\_\_\_ Internet Search \_\_\_ Oakwood Register \_\_\_ Dayton Parent Magazine \_\_\_ Referred by person \_\_\_\_\_

I hereby request that my child be enrolled in Little Acorn Academy. I understand that my child is registered for the full school term and tuition is due whether or not my child is able to attend classes. In the event of necessary withdrawal, one-month notice to the Director is required. My signature indicates that I have read and will abide by all the rules. Thank you!

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**Little Acorn Academy must be notified immediately of all changes concerning any of the information on this form. Thank you!**