

## Please complete one form for each child you are registering.

Child Name:						
Age:	DOB:			☐ Male		
Address:		City:	S	tate:		Zip:
				_		
Parent/Guardian Name:			P	hone:		
Parent/Guardian Email:						
Address (if different from c	hild's):					
Parent/Guardian Occupatio	n:					
Parent/Guardian Name:			P	hone:		
Parent/Guardian Email:						
Address (if different from c	hild's):					
Parent/Guardian Occupatio	n:					
Custody Agreement?		☐ Not Applicable		□ Y€	2S	
If <b>Yes</b> , a copy must be s	ubmitted to th		nan the			
, , , , ,				,		
	<u>En</u>	nergency Contacts	2			
Parent or Guardian wil able to reach the scho						
Emergency Co (other than parent/		Relationshi	р		Pho	one
(other than parenty	guarulari)			Home:		Cell:
				Home:		Cell:
- 1 DI :						
Family Physician Phone						
Family Dent	ict			Phone		
Tailing Defit	ist			THORIC		

# **Child Information**

Name and Age of All Siblings:						
Primary or other Languages	<u>YES</u>	<u>NO</u>				
Do you or your children speak another language besides English?						
Is your child bilingual?						
If yes to either question, what language(s) are spoken in your home?						
Please List Any Known Allergies: *						
1.						
2.						
3.						
4.						
5.						
*Prior to the start of school, any child with an allergy must have an allergy plan						
parent/guardian and the physician. Please come to the office if you need a bla	nk torn	1.				
Please answer the following questions:						
1. If your child was born 3 or more weeks early, please provide the #of weeks prem	ature					
and any additional information you would like to share with us:						
	<u>YES</u>	NO NO				
Has your child had any previous school experience?	YES	<u>NO</u>				
3. Has your child ever qualified for <i>Early Intervention</i> ?	YES	<u>NO</u>				
<ul><li>3. Has your child ever qualified for <i>Early Intervention</i>?</li><li>4. Is your child currently receiving any special services such as occupational</li></ul>	YES	<u>NO</u>				
3. Has your child ever qualified for <i>Early Intervention</i> ?	YES	<u>NO</u>				
<ul><li>3. Has your child ever qualified for <i>Early Intervention</i>?</li><li>4. Is your child currently receiving any special services such as occupational therapy, physical therapy, speech therapy?</li></ul>	YES	NO				
<ul> <li>3. Has your child ever qualified for <i>Early Intervention</i>?</li> <li>4. Is your child currently receiving any special services such as occupational therapy, physical therapy, speech therapy?</li> <li>5. Has your child ever received any special services in the past?</li> </ul>	YES	NO				
<ul> <li>3. Has your child ever qualified for <i>Early Intervention</i>?</li> <li>4. Is your child currently receiving any special services such as occupational therapy, physical therapy, speech therapy?</li> <li>5. Has your child ever received any special services in the past?</li> </ul>	YES	NO .				

**Child Name:** 

Additional Information				
Do you have any additional comments that would help us better understand your child? (If you need more space, please use the back of this page.)				
How Did you hear about LEAP? (Check all that apply)				
$\square$ Through a friend (who shall we thank?):				
☐ Advertisement (where):				
Social Media:				
☐ Other (Please explain):				



## Select the program that best suits your family

2.5-year-old classes								
1 <sup>st</sup>	2 <sup>nd</sup>	Days Time *Annual			10 payments of:			
Choice	Choice			Tuition				
		Tues/Thurs	9am-11:30am	\$3550	\$355			
		Mon/Wed/Fri	9am-11:30am	\$5000	\$500			
3-year-old classes								
1 <sup>st</sup>	2 <sup>nd</sup>	Days	Time	*Annual 10 payments o				
Choice	Choice	,		Tuition	. ,			
		Mon/Wed/Fri	9am-12pm	\$4800	\$480			
		Tues/Thurs/Fri	9am-12pm	\$4800	\$480			
		Monday-Thursday	9am-12pm	\$6050	\$605			
		4-year-	-old classes					
1 <sup>st</sup>	2 <sup>nd</sup>	Days	Time	*Annual	10 payments of:			
Choice	Choice	_		Tuition				
		Monday - Thursday	9am-12pm	\$6050	<b>\$605</b>			
		Monday - Friday	9am-12pm	\$7150	\$715			
4-year-old Afternoon Enrichment								
Afternoon Enrichment offers our 4 year old children a deeper and more hands on approach to specific skills and activities. The goal of this program will be to provide a challenging curriculum through developmentally appropriate practices for our children who are preparing for kindergarten. Space is very limited. Children eat lunch together from 12pm-12:30pm then begin instruction.								
		Days	Time	*Annual Tuition	10 payments of:			
		Mon/Tues/Wed	12pm-2:30pm	\$4500	\$450			
Transitional Kindergarten - "TK" schedule is 3 full days and 2 half days (5 days/week)								
		Days	Time	*Annual Tuition	10 payments of:			
		Mon/Tues/Wed	• 9am-2:30pm	\$8700	\$870			
		■ Thurc/Friday	■ 0-12nm					

<sup>\*\$100</sup> discount on the annual total paid prior to September.

## **Lunch Bunch**

Lunch bunch provides children the opportunity to share lunch with their friends. Parents/Guardians provide their child with a **peanut & nut free lunch and drink** in an insulated lunch bag.

You may register at any time subject to availability. Space is limited.

Child Name:				
	30 Min L	unch Bunch for 2	2.5 year old classes only	
30 min	Number of Days	Time	Please mark the days your child will attend Lunch	Monthly Payment
	1 day/week	11:30am-12pm		\$50/month
	2 day/week	11:30am-12pm	□ M □T □W □TH □ F	\$70/month
	3 day/week	11:30am-12pm	□ M □T □W □TH □ F	\$85/month
Drop in (any d	child can drop in <u>w</u>	ith 24 hrs. notice	provided space is available)	\$30/day

1 Hour Lunch Bunch for 3, 4 & 5 year old classes only					
1 hour				Monthly	
	Days		child will attend Lunch	Payment	
	1 day/week	12pm-1pm	□ M □T □W □TH □ F	\$75/month	
	2 day/week	12pm-1pm	□ M □T □W □TH □ F	\$115/month	
	3 day/week	12pm-1pm	□ M □T □W □TH □ F	\$160/month	
	4 day/week	12pm-1pm	□ M □T □W □TH □ F	\$195/month	
	5 day/week	12pm-1pm	□ M □T □W □TH □ F	\$225/month	
<u>Drop in</u> (any	\$40/day				

2.5 Hour Lunch Bunch for 3,4 & 5 year old classes only					
2.5 hours	Number of Days	Time	Please mark the days your child will attend Lunch	Monthly Payment	
	1 day/week	12pm-2:30pm	□ M □T □W □TH □ F	\$135/month	
	2 day/week	12pm-2:30pm	□ M □T □W □TH □ F	\$215/month	
	3 day/week	12pm-2:30pm	□ M □T □W □TH □ F	\$265/month	
	4 day/week	12pm-2:30pm	□ M □T □W □TH □ F	\$315/month	
	5day/week	12pm-2:30pm	□ M □T □W □TH □ F	\$365/month	
<u>Drop in</u> (any child can drop in <u>with 24 hrs. notice</u> provided space is available)				\$55/day	

### **Tuition Payments:**

Upon registration a non-refundable registration fee of \$135 per child is due.

A non-refundable deposit equal to 1/10<sup>th</sup> of full annual tuition is due no later April 1, 2025.

#### **Below is the schedule of Tuition Payment Due Dates:**

- 1. April 1, 2025(1st payment/deposit)
- 2. September 1, 2025
- 3. October 1, 2025
- 4. November 1, 2025
- 5. December 1, 2025
- 6. January 1, 2026
- 7. February 1, 2026
- 8. March 1, 2026
- 9. April 1, 2026
- 10. May 1, 2026

Tuition payments are non-refundable once paid. Tuition rates are annualized and broken up into 10 payments for your convenience. You are free to pay the full amount at any time. **Full annual tuition paid before September 1**<sup>st</sup> **is discounted \$100.00**.

**Lunch bunch and other added classes** are billed at the beginning of each month (for that month) and are non-refundable once paid.

There are no reimbursements for snow days, days out sick, other unexpected or planned absences including vacations. This includes but is not limited to unexpected community or state/federal mandated school closures.

Siblings attending LEAP Preschool, LLC during the same school year receive a 10% discount on tuition (discount is applied to the lower tuition rate and does not apply to before care, lunch bunch or additional services).

Please make checks payable to LEAP Preschool, LLC. We also accept cash(in the office only), and all major credit cards through <a href="www.myprocare.com">www.myprocare.com</a> (once your email is associated with LEAP, you can set up an account). You can also set up **autopay through Tuition Express** (upon request, a link will be sent to you to set up your account to have balances automatically deducted each month).

# I certify all the information I have provided is true and I understand the terms of tuition payment and class placement.

Parent/Guardian Signature:	Date:
Child Name:	
Parent/Guardian Name:	