



REGISTRATION FORM

Please attach
child's recent
Photo

Infant Program 5 Full day _____ 5 Half day _____ 5 Extended day _____
 3 Full day _____ 2 Full day _____ 3/2 Extended day _____

Pre-Toddler Program 5 Full day _____ 5 Half day _____ 5 Extended day _____
 3 Full day _____ 2 Full day _____ 3/2 Extended day _____

Toddler I Program 5 Full day _____ 5 Half day _____ 5 Extended day _____
 3 Full day _____ 2 Full day _____ 3/2 Extended day _____

Toddler II Program 5 Full day _____ 5 Half day _____ 5 Extended day _____
 3 Full day _____ 2 Full day _____ 3/2 Extended day _____

Desired Start Date _____ Child's Age as of Start Date _____

Child Information

Child's Full Name _____ Nickname _____

Date of Birth/Due Date _____ Gender _____

Mother's Name _____ Father's Name _____

Mother's Cell Phone _____ Father's Cell Phone _____

Email _____ Email _____

Employer _____ Employer _____

Phone _____ Phone _____

Home Address _____

Other Information

Other Schools Attended & Dates _____

Languages Spoken at Home _____

Has any sibling attended/is attending Learning Ladders? Please provide names and dates _____

Who referred you to Learning Ladders? _____

Other Persons Authorized To Pick Up The Child

Name _____ Phone _____

Address _____ Relationship _____

Child’s Physician

Name _____ Phone _____

Clinic Address _____

Any known allergies/ medical conditions _____

Declaration

I have read below instructions, received the parent handbook and all information is correct to the best of my knowledge. In the event of a medical emergency, I authorize The Learning Ladders to seek emergency medical care as deemed necessary by the founder/director.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Instructions

- 1) Please submit this completed form along with a non-refundable check- \$250 registration fee, first month of applicable tuition fees, one month equivalent of fee as security deposit and annual material fee of \$325 (check drawn to “The Learning Ladders”). Parents will also need to submit child’s birth certificate, complete immunization record, Universal health form and last 3 signed pages of the parent handbook.
- 2) The parent/guardian will be sent a confirmation email within 5 business days of receiving the completed form and the check. Incomplete forms or forms without the required fee will not be processed.
- 3) The security deposit will be applied towards child’s last month of care with us. If you wish to withdraw your child then one (1) full calendar month prior withdrawal notice in writing is required failing which the deposit is applied towards the last month’s tuition.
- 4) Please mention AM/PM for extended day and half day options and days for part time full day program.

For Office Use Only

Application date _____ Start Date _____

Date Check received ___ / ___ / _____ Amount Received _____

Date Security deposit received ___ / ___ / _____ Amount Received _____

Date 1st month’s tuition received ___ / ___ / _____ Amount Received _____

Check Details _____ Signature _____

Check Realized on ___ / ___ / _____ Signature _____