

Please attach
child's recent
passport sized
photo



REGISTRATION FORM

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

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

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

Gooseberry 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 on desired 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 _____

Provide names and dates if any sibling attended/is attending Learning Ladders? _____

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/dietary restrictions _____

How does child's development compare to other children such as siblings or playmates?

Same _____ Slower _____ Faster _____

Said single words _____ Sit-up _____ Walked _____

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 school administration.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Instructions

- 1) Please submit this completed form along with a non-refundable check- registration fee, tuition advance equaling to two months of tuition and applicable annual material fee (check drawn to "The Learning Ladders"). Parents will also need to submit child's birth certificate, complete immunization record, Universal health form, last 4 signed pages of the parent handbook, Social Media consent form, Emergency Contact Form and Tuition Express form.
- 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) The tuition starts from the 1st of the month and is not pro-rated for mid-month start/withdrawal. There is no waiver or credit or refund for school closings, partial months, vacations, absences, medical reasons, relocation or mid-year/month departures for any reason.

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 _____