



Little Acorns Grow Preschool Admission Agreement

19000 Saticoy St., Reseda, CA 91335
LittleAcornsGrow@yahoo.com
(818) 489-8505

Located in Reseda, Little Acorns Grow Preschool, Early Start Kindergarten and Elementary School has created an enchanting haven for its students. We employ high quality, experienced staff to offer full and half-day programs for children starting at 2 years old.

Small student/teacher ratios mean focused attention and a fun experience for everyone.

The classrooms are newly remodeled, clean and comfortable, opening to a beautiful play area full of grass and trees. Your children will find any experience they have at Little Acorns Grow fun and engaging.

Student Information

Child's Name _____
Birth date _____ Age _____ Gender _____
Address _____
City _____ Zip _____

Parent/Guardian and Family

Parent/Guardian #1

Name _____

Address (if different than above)

City _____ Zip _____

Phone # (____) _____ Business phone# (____) _____

Cell # (____) _____ Email _____

Occupation _____

Parent/Guardian #2

Name _____

Address (if different than above)

City _____ Zip _____

Phone # (____) _____ Business phone# (____) _____

Cell # (____) _____ Email _____

Occupation _____

If parents are separated or divorced, with whom does the applicant reside?

Who has legal custody? _____

Siblings, Name and Age

How did you learn about our program?

Have you visited us during a tour? Y or N

Please check the program you are applying for:

- 5 full days per week for each month \$925/month
- 5 half days or 3 full days per week for each month \$775/month
- 3 half days or 2 full days per week for each month \$575/month
- 2 half days per week for each month \$500/month
- 4 full day per week for each month \$875/month
- 1 full day per week for each month \$325/month
- Extended care (8:00-8:30am / 5:30-6:00pm) \$65 each month
- Other: _____

Materials fee: \$125 due upon enrollment and each September, February, June

Please write desired start date here _____

Payments are due on the 1st of each month. A non-refundable tuition deposit equal to the last month of tuition is required in order to secure a place in the school, which will be applied to last month of tuition. In an effort to reduce costs, we do not bill. Unless agreed otherwise, automatic tuition must be paid via direct deposit from your bank.

Little Acorns Grow is a year-round school. Full tuition is required even when children are out ill, on vacation or for any other reason.

Additional days and times for attendance can be added at parent/guardian's request as room allows. 30 days written notice is required to reduce days or hours or leaving the school for any reason. We do not break for summer.

If your child is expelled for violence or any other reason the deposit will be forfeited. We do not offer refunds.

The parents may terminate this contract by giving a 30-day written notice. The provider may terminate the contract at will.

In the event of an emergency, the school keeps supplies in order to keep all students safe and as comfortable as possible. Please provide a family photo and a small comforting item such as a stuffed animal. Please include \$15 cash for a student emergency kit. We buy these kits from emergency supply stores and they are specially for school children. They include food, water and other important emergency supplies.

Parents/Guardians hereby authorize the use of the student's photographs, likeness, recordings, and artwork in any and all school publications or promotions, as well as the school's website.

Student History

Please answer the questions below so that we can better serve your child.

Does your child have any speech delays? Yes No

If yes, please explain: _____

Has your child been diagnosed with autism or are there suspected signs of autism? Yes No

If yes, please explain: _____

Does your child have any history of fighting, pushing or biting? Yes No

If yes, please explain: _____

Has your child been diagnosed with ADHD/hyperactivity? Yes No

If yes, please explain: _____

Are there any behavioral issues you're working on with your child?

Yes No

If yes, please explain: _____

Is there anything else we should know in working with your child?

Yes No

If yes, please explain: _____

As per state law, a Physician's Report and Emergency Information forms (attached) must be completed prior to starting school.

As per state law, students are required to be immunized (unless declined for religious reasons).

If your child requires medication please provide written instructions, including times to administer and dosage. As per state law, students are required to be immunized. List any medical condition, diseases or allergy the child has had:

We recommend applying sunblock to your child before school each day. Closed toed shoes are suggested, as our playground does have wood chips that can be uncomfortable when they get inside shoes.

If your child experiences a non-life threatening medical or dental emergency while at Little Acorns Grow, parents and/or emergency contacts will be notified immediately. All effort will be made to keep the child calm and comfortable including ice packs, reassurance and comfort from teachers.

For life-threatening emergencies, we will call 911, and then parents and/or emergency contacts will be notified immediately thereafter.

All children attending Little Acorns Grow are required to be signed in upon arrival and signed out upon leaving. Exact time and full legal parent/guardian signature are required.

The parents' signatures on this contract indicate that they agree to abide by Little Acorns Grow written policies. Little Acorns Grow may change these policies at any time.

30-day notice will be given in the event of a change in any policy or fee made to this admission agreement.

The school will allow guardians or individuals having legal custody to pick up the student from school. The school will accept and honor written instructions from guardians authorizing other persons to pick up the student from school.

Please list other authorized individuals here:

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Medical Release

In the case of illness, accident or similar emergency, Little Acorns Grow or any authorized agent thereof is authorized to seek and obtain medical care or treatment for my child, and may authorize physician, hospital or medical institution to render the necessary care.

I, the undersigned parent/guardian, authorize any emergency medical or surgical treatment to be given to my child _____. Further, I guarantee coverage of costs for any such treatment rendered.

Enrollment Terms:

In the best interests of Little Acorns Grow and my child we, the legal parents or legal guardians of the child, agree to the following:

1. We consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to our child at our expense upon the advice and under the general or special supervision of a physician, surgeon or dentist licensed under the provisions or applicable medical practice laws.
2. We assume responsibility for any acts of our child and will indemnify (reimburse or repay for any loss incurred) and hold harmless Little Acorns Grow, its employees and volunteers from any claims of any person arising from our child's acts.
3. We give our permission for the student to participate in activities that may have some inherent risk such as running, jumping, swinging, climbing, etc. We understand that neither Little Acorns Grow, nor any of its employees, students or volunteers shall be liable to us or our child for any claim arising out of these activities, such claims being hereby waived, and that we will indemnify and hold harmless Little Acorns Grow and its employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of our child during classes or activities.

I/We certify that by signing on the line below I/we hereby agree to all terms of this Enrollment Contract.

Signature of parent or legal guardian: _____ Date _____

Signature of parent or legal guardian: _____ Date _____

Insurance Information:

Is your child currently covered by any form of comprehensive health, medical or accident insurance? If yes:

Name of Insurance Company _____

Address _____ Policy Number _____

Policy Holder's name _____

Social Security Number _____ Relationship to child _____

PLEASE READ THE FOLLOWING CAREFULLY

Payment Policy: The school contracts for faculty and staff, commits expenditures, etc. based upon the enrollment and continuation of a specified number of students throughout the school term. Therefore, in the event of withdrawal by parents or dismissal by the school, parents will be obligated for a pro-rated amount of tuition up to the date of termination plus one month of tuition. Any amount paid beyond this sum will be repaid. Materials fee is not subject to repayment. It should be understood that should the student be absent or withdrawn at parent or guardian request, or dismissed after the student's enrollment has been confirmed, no repayments will be made other than as described as above. In the case of enrollment for the after school program, no repayments of monies paid for the summer terms will be made after enrollment has been confirmed.

I/We have read and understand the above school policy regarding repayments and agree to abide by it.

Parents/Guardians:

Signed _____ Date _____

Signed _____ Date _____

Little Acorns Grow Representative:

Signed _____ Date _____



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