

## Little Learners Preschool Enrollment Form

Returning student: YES NO

Class Choice: Circle one M/W a.m. M/W/F a.m. M/W/F p.m. T/Th a.m.

Student Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Are you a resident of Lester Prairie District 424? \_\_\_\_\_

Previous school attended and address: \_\_\_\_\_

Ethnicity: Circle

American Indian

Asian

Black, not of Hispanic Origin

Hispanic

Native Hawaiian or Pacific Islander

White, not of Hispanic Origin

2 or more races

Does your child have an IEP (Individual Education Plan)? YES NO

Interpreter Needed? YES NO

Student Primary Language: \_\_\_\_\_

Family Primary Language: \_\_\_\_\_

Is your child's immunizations up to date? YES NO

Did your child complete preschool screening: YES NO

Date of screening: \_\_\_\_\_ Location of screening: \_\_\_\_\_

**Child lives with: Check all that apply**

\_\_\_\_\_ Both Biological Parents  
\_\_\_\_\_ Mother/Stepfather  
\_\_\_\_\_ Father/Stepmother  
\_\_\_\_\_ Siblings Name/Grade: \_\_\_\_\_  
\_\_\_\_\_ Other Relative/s: \_\_\_\_\_  
\_\_\_\_\_ Court-appointed Guardian (Attach Court Order)  
\_\_\_\_\_ Foster Parents (Attach Social Services Form)

**Who has legal custody rights?**

Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_  
(Attach copy of court order or decree)

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other special circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENTS/GUARDIANS

### **Family 1**

Father/Stepfather:\_\_\_\_\_Mother/Stepmother:\_\_\_\_\_

Address:\_\_\_\_\_

Mailing address (if different):\_\_\_\_\_

Email address:\_\_\_\_\_

Father/Stepfather Cellphone:\_\_\_\_\_Workplace:\_\_\_\_\_

Mother/Stepmother Cellphone:\_\_\_\_\_Workplace:\_\_\_\_\_

Home Language:\_\_\_\_\_Parent Primary Language:\_\_\_\_\_

### **Family 2**

Father/Stepfather:\_\_\_\_\_Mother/Stepmother:\_\_\_\_\_

Address:\_\_\_\_\_

Mailing address (if different):\_\_\_\_\_

Email address:\_\_\_\_\_

Father/Stepfather Cellphone:\_\_\_\_\_Workplace:\_\_\_\_\_

Mother/Stepmother Cellphone:\_\_\_\_\_Workplace:\_\_\_\_\_

Home Language:\_\_\_\_\_Parent Primary Language:\_\_\_\_\_

**EMERGENCY CONTACTS**  
(other than Parent/Guardian)

**Contact 1**

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Can students be picked up from school by the above contact?      YES      NO

**Contact 2**

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Can students be picked up from school by the above contact?      YES      NO

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For School Use**

Registration Fee Paid \_\_\_\_\_

First Month Tuition \_\_\_\_\_

Registration Form \_\_\_\_\_

Emergency Form \_\_\_\_\_

Liability Form \_\_\_\_\_

Immunization Form \_\_\_\_\_

Busing Form \_\_\_\_\_

