



little acorn academy 33 W. Dixon Oakwood, OH 45419

937-567-0964 renee@littleacornacademy.net

Preschool Registration 2018-2019

A non-refundable registration fee of \$50 must accompany this form. Please make your check payable to Little Acorn Academy. Please mail to the above address or place in the Little Acorn mailbox located next to the preschool office.

I am registering my child for: (please mark your 1st and 2nd choice)

- Tiny Seeds (must be 2 1/2 by their first day) Monday & Wednesday 8:45-11:15 \$135
2 Day Sprouts 3 year olds (must be 3 by September 30) Tuesday, & Thursday 8:45-11:15 \$135
3 Day Sprouts 3 year olds (must be 3 by September 30) Monday, Tuesday, & Thursday 8:45-11:15 \$165
Acorns 4 year olds (recommended for young 4's who are unsure about entering kindergarten in the fall) Monday, Tuesday, & Thursday 8:45-11:15 \$165
Mighty Oaks AM For children planning to attend Kindergarten the following school year Monday - Thursday 8:45-11:15 \$202
Mighty Oaks PM For children planning to attend Kindergarten the following school year Monday - Thursday 12:15-2:45 \$202
STEAM (Science, Technology, Engineering, Arts, Math) 4 and 5 year olds extended day Monday & Wednesday 12:15-2:45 \$150
STEAM (Science, Technology, Engineering, Arts, Math) 4 and 5 year olds extended day Tuesday & Thursday 12:15-2:45 \$150
I will be interested in the lunch bunch option Monday - Thursday 11:15-12:15 \$5 per day

\*\*These are the classes planned for next year, but require a certain class size to officially open. We will be in touch with your class placement.

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Home address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Any additional information, medical or otherwise, that may be useful to the preschool staff:

I hereby request that my child be enrolled in Little Acorn Academy. I understand that my child is registered for the full school term and tuition is due whether or not my child is able to attend classes. In the event of necessary withdrawal, one-month notice to the Director is required. My signature indicates that I have read and will abide by all the rules.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

Little Acorn Academy must be notified immediately of all changes concerning any of the information on this forms. Thank you!