



Application for Enrollment

Child's Full Name: _____

Date of Birth: _____

Parent Information

Mother's Name: _____

Cell Phone: _____

Home Address: _____

Email Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Work Address: _____

Father's Name: _____

Cell Phone: _____

Home Address: _____

Email Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Work Address: _____

Tell us about your child....

Allergies: _____

Food Restrictions: _____

Medical Conditions: _____

Medications: _____

Restrictions to activities: _____

Medical Release: I hereby authorize any licensed physician, emergency personnel or medical treatment facility to treat my child in case of an emergency.

Hospital Choice (circle one)

Poudre Valley Hospital (PVH)
1024 S. Lemay Avenue
Fort Collins, CO 80524
Phone 970-495-7000

Medical Center of the Rockies (MCR)
2500 Rocky Mountain Avenue
Loveland, CO 80538
Phone 970-624-2500

Banner Health
4700 Lady Moon Dr.
Fort Collins, CO 80528
Phone: (970) 821-4000

Signature

Date

Child's Physician

Name: _____

Address: _____

Phone: _____

Child's Dentist

Name: _____

Address: _____

Phone: _____

Emergency Contact

Must be someone other than parents and in the local area. This person has permission to pick your child up from Little Lab™ Preschool any time.

Name: _____

Address: _____

Phone: _____

Little Lab™ Preschool admits students of any ability, race, color, religion, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students. It does not discriminate on the basis of ability, race, color, religion, or ethnic origin in administration of its educational policies, admissions policies, scholarship, and school administered programs.



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Children must be 2 ½ years old to enroll.

<u>Half Day Preschool</u>		<u>Full Day Care</u>	
8:00a-11:45a		6:30a-5:30p	
2 days	\$100/week.	2 days	\$150/week
3 days	\$150/wk.	3 days	\$225/week
5 days	\$250/wk.	5 days	\$350/week

Your child's completed enrollment paperwork, medical form, and immunization record must be received by Little Lab Preschool 1 week before attending.

Please check your desired days and times:

Start date: _____

- Monday AM
- Tuesday AM
- Wednesday AM
- Thursday AM
- Friday AM

- Monday Full Day
- Tuesday Full Day
- Wednesday Full Day
- Thursday Full Day
- Friday Full Day

2023 Calendar

- 5/29/23 Closed for Memorial Day
- 7/4/23 Closed for Independence Day
- 9/4/23 Closed for Labor Day
- 11/22/23 Closing at 3p
- 11/23/23 Closed for Thanksgiving
- 12/25/23 Closed for Christmas
- 1/1/24 Closed for New Year's

By signing below, I, _____ am enrolling my child in Little Lab™ Preschool as indicated above. I attest that all information provided on this form is true, I have read and agree to abide by the Rules and Regulations in the Little Lab™ Preschool Handbook.

Signature

Date