



Loomis Early Learning Center:
READY TO LEARN!

2018-2019 Early Learning Center Program Application

Submit only one application per child. Only a parent/legal guardian may submit the application.

Applications are due March 15, 2018

***Applications will not be accepted without an updated immunization record and a valid birth certificate.**

Student Information:		
Has your child previously been enrolled in the Loomis Early Learning Center? Yes _____ No _____		
Last Name: _____		First Name: _____
Date of Birth: __/__/__ (A birth certificate must be presented)		Gender: M F
Ethnicity: Hispanic or Latino Not Hispanic or Latino		
Race: White Asian Black or African American American-Indian or Alaska Native Other: _____		
Primary Language: English Spanish Other: _____		
Has your child received Early Intervention Services in the home or a center?	Yes	No
Is your child in the process of being evaluated for special education services?	Yes	No
Does your child have an Individualized Education Program (IEP)?	Yes	No
Was your child born prematurely and can be verified by a physician?	Yes	No

Student Information:		
Mother: Last Name: _____		First Name: _____
Mailing Address: _____		
Street Address	City	State Zip Code
Phone: _____	Email Address: _____	
Mother's Employer: _____		Work Phone: _____
Father: Last Name: _____		First Name: _____
Mailing Address: _____		
Street Address	City	State Zip Code
Phone: _____	Email Address: _____	
Father's Employer: _____		Work Phone: _____

Emergency Contact Information: (Other than parent or guardian listed above)	
Name: _____	
Phone: _____	

Tuition and Income Information:

Payment of Preschool Fee: (Based on income a family may qualify for free or reduced rates.)

Preschool Fee: \$100/month or \$800/year Reduced Fee: \$50/month or \$400/year

Payments: (choose one) Monthly Bi-monthly Semester Year

OPTIONAL Free or Reduced Application: (Applicants are not required to complete financial section unless applying for a Free or Reduced rate.) The income information below must be completely filled out.

Number in the Family: _____ Number in the Household: _____

Siblings:

Name:	Age:	School Attending:	Grade:

Household Income Information:

Name	Work Income	How Often?	Welfare, Child Support, Alimony	How Often?	Pension, Retirement, SS, SSI, VA, Disability	How Often?	Other Income	How Often?	Check if NO income

I certify that all information on this application is true and that all income is reported. I understand that school officials may verify the information. I understand that if I purposely give false information, my child may lose placement in the Early Learning Center program and I may be prosecuted.

Signature: _____ Date: _____

Printed Name: _____ SSN (last 4 digits): XX – XX - ____

Anticipated Kindergarten Year:

Anticipated year your child will attend Kindergarten. 2019-20 2020-21 2021-22

Parent/Guardian Signature:

I certify that all the above information is true and correct and agree to pay the monthly tuition fee and cost of meals based on income. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.

Signature: _____ Date: ____ / ____ / ____