



## Loomis Early Learning Center: READY TO LEARN!

### 2021--2022 Early Learning Center Program Application

**Loomis preschool is Monday-Thursday full days 8:00 a.m.-3:30 p.m.**

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

Applications are due March 10, 2021

**\*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:** \$150/month or \$1200/year    **Reduced Fee:** \$75/month or \$600/year  
(Breakfast is included in this fee)**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.    2022-23    2023-24    2024-25

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_