



LOOMIS PRESCHOOL

Applications are due by Friday, March 13, 2026

Loomis Public Schools
101 Bryan Street
P.O. Box 250 Loomis, NE 68958
PH: 308-270-7444

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

STUDENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Previously a Loomis Preschooler Yes No

Gender Male Female

Home Address _____

City _____ State _____ Zip Code _____

Ethnicity Hispanic or Latino Not Hispanic or Latino

Race White Asian Black/ African American American-Indian or Alaska Native

Language English Spanish Other: _____

Has your child received Early intervention Services in the home or center? (IFSP) Y N

Is your child in the process of being evaluated for special education services? Y N

Does your child have an Individual Education Plan (IEP)? Y N

Was your child born prematurely and can be verified by a physician? Y N

Has your child previously attended preschool at a different facility? Y N

PARENT INFORMATION

Mother's Full Name _____

Mailing Address _____

Phone _____ Email Address _____

Employer _____ Work Phone _____

Father's Full Name _____

Mailing Address _____

Phone _____ Email Address _____

Employer _____ Work Phone _____

EMERGENCY CONTACT INFORMATION

Please list two contacts other than listed above.

Full Name _____

Phone Number _____

Full Name _____

Phone Number _____



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TUITION AND INCOME INFORMATION

Payment of preschool fees. Reduced fee is based on income information provided.

Preschool Fee \$150/Month \$1200/Year Reduce Fee \$75/Month \$600/Year

Payment Schedule 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 _____

Sibling Names	Age	School Attending (If applicable)	Grade

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

FOR OFFICE USE ONLY

Full Price _____ Reduced _____ Free _____

ANTICIPATED KINDERGARTEN YEAR

Anticipated year your child will attend Kindergarten.

2027-2028

2028-2029

2029-2030

PARENT 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 the costs listed above. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.

Parent Signature

Date

_____ / _____ / _____