



Now Enrolling

for 2019/2020

Contact Information:

School Office – 903-561-8642
MDO Director – 903-920-4025

MDO Hours and Days of Operation:

Monday/Wednesday
9:00am – 2:30pm
September 9th, 2019 – May 13th, 2020
**Follows ETCA school calendar

Tuition and Fees:

\$165/month – paid within the 1st week of each month
\$50/year Registration Fee – paid upon registration
\$55/semester Supply Fee – paid upon registration and in January

At Little Learners MDO, your children will experience:

- A curriculum that promotes spiritual, cognitive, social, and physical development
- Well-trained and loving Christian teachers
- Large group and small group times that include hands-on, play-based learning activities
- Fun and inviting classrooms that encourage age-appropriate exploration
- Toddler-sized playground, as well as an indoor gym for rainy days
- Consistent daily routine that teaches age-appropriate independence and responsibility
- Christian-infused environment including daily Bible lesson, praying and singing
- Learning centers that promote a variety of child-choice play environments which will challenge their skills and encourage imagination
- Daily music and movement
- Art and science activities
- And so much more!!!

**Your child will need a nap mat and daily lunch. Snack and water will be provided!



FALL Registration 2019-2020

PERSONAL INFORMATION

Child's Full Name: _____ Date of Birth ____ / ____ / ____

Nickname: _____

Home Address: _____ City: _____ Zip: _____

Home Phone #: _____ E-mail address: _____

Gender: Male Female

Child's age on **September 1, 2019:** _____

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Marital Status: Married Divorced Single Separated Widowed

**If there are special concerns/directions regarding custody, please notify the director.*

How did you learn of Little Learners? _____

EMERGENCY INFORMATION

In case of emergency, notify those below if unable to contact parents/guardian (State Standard requires two) :

1. _____

Name/ Relationship	Full Address	Phone #
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2. _____

Name/ Relationship	Full Address	Phone #
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PICK UP AUTHORIZATION

The following people may pick up my child, *in addition to the parents and emergency contacts* listed above.

Name	Phone Number	Driver's License #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AUTHORIZATION FOR MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize Little Learners and/or ETCA staff or administration to take my child to:

Pediatrician	Address	Phone #
_____	_____	_____
Name/ Address of Hospital	/	A licensed physician

Insurance Company: _____ Policy #: _____ (Optional)

SPECIAL NEEDS STATEMENT

Allergies: _____

Existing illness: _____

Previous serious illness/injury: _____

Medicine prescribed for long term continuous use: _____

My child has been examined by _____, a licensed physician, within the last 12 months and is able to participate in the program.

PHOTO/VIDEO RELEASE

[] I give my permission for _____ to be photographed/video taped in the school setting. These would be used in program slide shows, craft projects or for display around our building and classroom.

[] I give my permission for _____ to be photographed and posted on the Little Learners' and/or ETCA website and social media page.

[] I do not give permission for _____ to be photographed under any circumstances.

PARENT HANDBOOK

I understand the policies and procedures in which Little Learners practices.

I agree to place my child, _____, in the care of MDO under the policies and procedures listed in the MDO Parent Handbook. I have read the 2019-2020 Mother's Day Out Parent Handbook. I will retain the manual for my records, if any further questions arise.

Please read and sign below to acknowledge:

I agree to all requirements of the enrollment process and to all releases included in this form with the exception of those I have noted.

Parent Signature *(either parent may sign/both signatures not required)*

Date

Mother's Day Out Director Signature

Date

Financial Agreement 2019-2020

Little Learners/ETCA

With the enrollment of _____ (child) in Little Learners MDO at ETCA, I agree to comply with the following financial requirements:

1. My preschool account balance must be current for this school year before I can make application for next fall.
2. Pay annual registration and 1st semester supply fee of \$105 due at registration. This fee is non-refundable.
3. Pay all monthly tuition during the 1st week of the current month. However, September 2019 tuition is due on or before August 23rd, 2019 with registration/ supply fees or upon enrollment if after August 23rd.
4. Pay a \$15.00 late fee for tuition received in the ETCA office after the 15th of the month. Any tuition more than 30 days past due may result in the student being withdrawn from class and re-enrollment fees will apply.
5. **If you have any reason to withdraw your child from the program, permanently or temporarily, you must give a 30 day written notice. If you are not able to give a 30 day written notice, you are responsible to pay the tuition for the next month.**
6. Pay an additional charge of \$10.00 for each child picked up after 2:30pm for the 1st occurrence, \$15.00 for the 2nd, etc. This fee is to be paid immediately by cash or check.
7. A fee of \$25.00 will be assessed for all returned checks. Two returned checks will necessitate cashier's check or money order payment each month thereafter.
8. In order to hold a child's position for a later start date than September ⁹~~3~~rd, 2019, registration/supply fee must be paid in advance. In addition, monthly tuition must be paid until the child is able to start.

Parent Signature (either parent may sign/both signatures are not required)

Date

Director Signature

Date

MUST BE COMPLETED BY THE PHYSICIAN

Name of Child: _____ Date of Birth: _____ / _____ / _____

Please attach a copy of this child's most current immunization record or a notarized Affidavit of Exemption. The exemption form may be applied for from the Texas State Government website.

Allergies: Yes No

If yes, explain:

Does this child have any other medical conditions that should be mentioned (such as asthma, hay fever, etc.)?

Yes No

If yes, explain:

PHYSICIAN/ HEALTHCARE PROVIDER STATEMENT

I have examined this child, _____ within the past year and find he/she is physically able to take part in preschool.

Physician's Signature

Date

Print Physician's Name

Physician's Phone Number

Address

City, Zip