



REGISTRATION APPLICATION 2024-2025 SCHOOL YEAR

Applying for admission to: [check one]

Pre-School

Kindergarten (five full days only)

Jr. Kindergarten

Lower Elementary (five full days only)

CHILD'S LAST SCHOOL ATTENDED _____

HOW DID YOU HEAR ABOUT *EARLY IMPRESSIONS*? _____

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Half Days					
Full Days					

Please fill out completely:

Child's Name (Last, First, Middle Initial)	Nickname	Birth Date	
		M	D
Street Address	City	State	Zip Code
Mother's Name (Last, First, MI)	Father's Name (Last, First, MI)		
Mother's Drivers License Number & State Issued	Father's Drivers License Number & State Issued		
Mother's Social Security Number	Father's Social Security Number		
Mother's Employer	Father's Employer		
Mother's Employer Address	Father's Employer Address		
City	State	Zip code	City
			State
			Zip code

REGISTRATION REQUIREMENTS

An annual Registration and a Materials/Book Fee is required for **ALL** students to secure a place for the upcoming school year. The **Registration and the Materials/Book Fee does not apply to tuition and are non-refundable.**

Grade	Registration Fee	Materials/Book Fee	Total Fee
Pre school	\$100	\$200	Annual Registration and Materials/Book Fee
Jr. Kindergarten	\$100	\$200	Annual Registration and Materials/Book Fee
Kindergarten	\$100	\$200	Annual Registration and Materials/Book Fee
1 st Grade	\$100	\$200	Annual Registration and Materials/Book Fee
2 nd Grade	\$100	\$200	Annual Registration and Materials/Book Fee

Fees and policies are subject to change.

(Please turn over)

I/We acknowledge receipt of the **Parent Handbook, Annual Application for Registration and Tuition Fee Schedule**. I/We have read and understand the information contained in these documents, intended only as general reference guides to procedures that must be followed. These documents supersede any and all prior practices and policies, procedures, handbooks or general rules previously in effect. Any and all statements and policies are subject to unilateral change in whole or in part by **EARLY IMPRESSIONS** at any time.

I/We agree to give **EARLY IMPRESSIONS** two weeks written notice if I/we reduce my child's schedule. I/We agree that if my child is absent for four consecutive weeks to submit a registration fee for re-entry. Upon withdrawing from the program permanently, I/we agree to give two weeks written notice. There will be no deposit refund if my child does not complete the 42-week school year or if tuition is consistently in arrears. I/We further agree and understand that the deposit and registration fees, material fee, book fee and pre-paid tuition fees are non-refundable or transferable for any reason whatsoever including but not limited to; my child not attending the program; absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays; staff in-service days; severe weather closings; or any other unforeseen circumstances, etc.

I/We understand that EARLY IMPRESSIONS has the right to terminate educational services and withhold all school records if tuition becomes two weeks in arrears, and/or if any portion of the tuition payment policy is not followed.

It is understood that, at its sole discretion, **EARLY IMPRESSIONS** has the right to request withdrawal of any child from the program for any reason, at any time. It is contemplated, but not limited to, situations involving a child or parent's/guardian's failure to abide by the rules and procedures set forth by **EARLY IMPRESSIONS**; conduct of parent(s) or child deemed by **EARLY IMPRESSIONS** to be unsuitable; a child who is not benefiting from the program; any flexibility in enrollment, and such other situations as may arise. I/We have read and understand the information contained in this application form.

I/We have read the above registration requirements and understand the enrollment process.

Upon signing this agreement, the parent, legal guardian or responsible adults agree to abide by all of the provisions contained in this contract.

It is important to note that whoever signs this application will be responsible for payment.

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date

Printed Name

Cell Phone-MOM

Relationship to Child

E-Mail address-MOM

Signature of Parent(s)/Guardians(s) or Responsible Adult

Date

Printed Name

Cell phone - DAD

Relationship to Child

E-Mail address- DAD

-POLICIES SUBJECT TO CHANGE-

L & A EDUCATIONAL SERVICES, INC. * WAIVER OF LIABILITY

In consideration of being allowed to participate in any party and/or program of L & A Educational Services, Inc.* the undersigned, on his or her behalf and on behalf of the participant(s) identified on this application, acknowledges, appreciates, and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant listed below, or I/We have obtained permission for the parent/legal guardian of the participant below to execute this agreement on their behalf. I/We further grant permission for the participant listed below to participate in the activities of the program including but not limited to swimming pool activities when conducted.

The risk of injury to a participant may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated, and injury is possible.

I/We knowingly and freely assume all such risks, both known and unknown, ever if arising from the negligence of the releases or others and assume full responsibility for my participation.

I/We, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless L & A Educational Services, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premise used to conduct the event (“releasees”), with respect to any and all injury, disability, death, or loss or damage to personal property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted under law.

I/We hereby grant permission for the use of my child’s name, photograph and/or video in the media (ex: electronic media, area newspapers, magazines, brochures, advertising, radio, or television stations, etc.).

I/We give permission to secure emergency medical treatment for the child on this application, if required, when the parent(s)/guardian and /or emergency contacts cannot be reached.

I/We have read this release of liability, assumption of risk, and indemnity agreement fully and understand its terms and understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Child’s Name (Please Print) _____ Date of Birth _____

Parent/Guardian’s Signature _____ Date _____

Additional Parent/Guardian’s Signature _____ Date _____

Address (Please Print) _____

City/State/Zip _____

EMERGENCY PHONE NUMBER _____

*Early Impressions & Summer Impressions are registered assumed names of L & A Educational Services, Inc.