



Preschool Registration Form

(Please fill out one form per child)

**NON-Refundable Registration Fee:
\$150/child due when enrolling**

Children must be 3 by Sept. 30, 2026.

Child's Full Name: _____ Birthdate: _____

"Nickname" _____ (This is what will go on child's labels & writing aids.)

Child's Gender: _____ Home Phone: _____

Child's Home Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Email: _____

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Email: _____

___ **Preschool: Monday/Wednesday/Friday**
Class meets 8:30-11:00 AM Fee: \$270/Month

___ **Preschool: Tuesday/Thursday**
Class meets 8:30-11:00 AM Fee: \$180/Month

Sibling: _____ Birthdate: _____

Sibling: _____ Birthdate: _____

Sibling: _____ Birthdate: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

-----LAELC Staff only below line-----

Date Received: _____ Fee Enclosed: No Yes Check # _____ Check date: _____ Check \$ _____