



LITTLE FRIENDS SCHOOL

251 W MILES AVE. HAYDEN, ID 83835

208-762-9334

KINDERGARTEN 2022-2023 SCHOOL YEAR REGISTRATION FORM

Last year's teacher _____

Reg Fee \$240

Tuition \$462/month

Student's Full Name _____

Name used in class _____ Birthdate _____ Male ___ Female ___

Mother's Name AND E-mail _____

Mailing Address _____ City _____ Zip Code _____

Street Address _____ City _____ Zip Code _____

Cell _____ Work _____ Other _____

Mother's Employer _____

Father's Name AND E-mail _____

Mailing Address _____

Street Address _____

Cell _____ Work _____ Other _____

Father's Employer _____

EMERGENCY CONTACTS: (You are granting permission to the following to pick your child up if we have to clear the campus and you are unreachable.)

Name _____ Relationship _____ Daytime Phone _____

Name _____ Relationship _____ Daytime Phone _____

Name _____ Relationship _____ Daytime Phone _____

Names and ages of all siblings:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Church Attending _____

I give my permission to release my phone number (specify if you want a particular # withheld) to other parents upon request for carpooling parties, play dates, class lists, etc.

Yes ___ No ___

I agree to pay on the first of each school month my child's tuition to *Little Friends School*.

I give LFS permission to use my child's likeness, image, voice and/or appearance as such may be embodied in any pictures, photos, video recording, audiotapes, digital images, and the like, taken or made on behalf of LFS.

(Signature)

(Date)

A non-refundable registration fee must accompany this form. Your child's 5th birthday must be on or before September 1st. Monthly tuition Sept-May is due the first of each month.

*****FOR OFFICE USE ONLY*****

Date Reg Received _____ Amt Rec _____ Cash ___ or Check # _____ Dated _____

Start Date _____ Drop Date _____ Immun Records Attached YES ___ NO ___