



Little Doves
Preschool, Pre-K, and Kindergarten

#1

2024-2025 Information Form

Child's Name (first and last) _____ Date of Birth _____
 Name you want your child to be called: _____ Sex: M F Age _____
 Address _____ Primary Phone _____ Home? Cell? _____
 City, State Zip _____ Email Address _____

Mother's Full Name _____ Father's Full Name _____
 Mother's Occupation _____ Father's Occupation _____
 Mother's Work Phone _____ Father's Work Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Siblings and Their Ages _____

Emergency Contact _____ Relationship _____ Phone _____
 Note: Parents are always contacted first in an emergency.
 Your emergency contact person will be notified only in the event you cannot be reached.

People who may pick up your child?
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Church Affiliation _____ Has your child been baptized? Y N
 Would you like emails from Pastor Todd regarding church activities? Y N

Does your child have any fears/anxieties? Y N If yes, please explain _____

Do you have any behavioral or developmental concerns for your child? Y N If yes, please explain _____

Family Physician _____ Phone _____
 Family Dentist _____ Phone _____
 Insurance Provider _____ Subscriber _____
 Group/Subscriber Number _____
 Chronic Illness _____ Allergies (food and other) _____
 Medications taken regularly _____ Date of Last Physical _____
 Has your child had chicken pox? Y N Has your child had the vaccine? Y N
 Any known difficulties in toileting practices? _____
 Any known difficulties with vision/hearing/speech? _____

What are your child's special interests? _____

How did you hear about Little Doves? _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give my permission for the Little Doves Preschool staff to secure emergency medical treatment for my child according to preschool policy in the event I cannot be reached.

Signature of Parent/Guardian _____ Date _____

FIELD TRIP PERMISSION SLIP

I give my permission for my child to attend all field trips away from school this year. I understand that notices will be provided in the school's monthly calendar giving dates and times. I also understand that every possible precaution will be taken to ensure the health and safety of my child.

Signature of Parent/Guardian _____ Date _____

TUITION AND FEES

The non-refundable registration/supply fee of \$180 is due at registration. All classes are filled on a first come/first served basis. The first tuition payment is due by August 15th or at time of registration (whichever comes later). The \$185 book fee for the Advanced Pre-K/Kindergarten class is due by August 1st.

For further information, see our website: littledovespreschool.com. We may also be reached at 360-794-7230 or littledovespreschool@gmail.com.

Please complete and return this Information Form, Enrollment Agreement, Washington State Certificate of Immunization Status and Photographic Release to

Little Doves Preschool, Pre-K, and Kindergarten
Attention: Linda Herman
202 Dickinson Street
Monroe, WA 98272