# Little Orchard Preschool Kaysville Enrollment Form 2021-2022



Welcome to Little Orchard Preschool! We are so excited to be able to have this wonderful opportunity to teach your child the basics in a unique way, and give them a head start in their educational years. Little Orchard is like no other preschool. Not only do we teach the academic part of preschool we also help develop their motor, cognitive, social, interactive and independent skills. We are so excited to have this opportunity to be part of your child's life.

#### LITTLE ORCHARD PRESCHOOL ENROLLMENT 2021-2022

Enrollment for the 2021-2022 preschool year is in progress. Please return this enrollment form and registration fee (\$100.00) as soon as possible as registration is on a first-come first-served basis. Returning your enrollment form and paying your registration fee will hold your student's spot for the upcoming school year. Individuals that have turned in an enrollment form and their registration fee after the class is full can be placed on a waiting list.

Little Orchard Preschool will attempt to closely follow the Davis School District calendar. A calendar of the school year may be provided once it is available when your child is enrolled.

Please return your forms and fee to: Little Orchard Preschool 471 South Deseret Dr. Kaysville, Utah 84037

Suite #4

In addition to the \$100.00 registration fee, the monthly tuition fees are due on or before the first day of class. Further, a payment for the first and last month of the school year must be paid prior to attendance of the first day of class. Please make checks payable to Little Orchard Preschool. If you have any questions please feel free to call the Farmington school at (801) 651-0660.

#### APPLICATION FOR ENROLLMENT

	itten and called by at preschool: (i.e. Sam, Samuel, Sammy)  Birth Date
	Single
MotherPhone:Email:	Occupation Text? Y N
FatherPhone:Email:	Occupation Text? Y N
Home Address	Zip Code
E-mail address(es) that	you wish to receive preschool emails at:
Other individuals authorized	orized to pickup your child from preschool (Name/Phone Number/Relationship):
Other individuals authorized	orized to be contacted in case of emergency (Name/Phone Number/Relationship):
Medical Conditions/Al	lergies/Serious Illnesses (Must keep medical status up to date): *
recommended vaccinat	at Little Orchard Preschool you must be current on all age appropriate tions. We do not accept Exemption forms. Are your child's immunizations attach copy of up-to-date immunization record)
Is your child COMPLE	ETELY potty trained? (Not required) Y N
Schools previously atte	ended:
Briefly describe your c	hild:
Briefly set goals for yo	ur child in the preschool:
How did you learn abo	ut Little Orchard Preschool?
Signature	Date

### ENROLLMENT AGREEMENT

I,	(your name), am the parent or legal guardian of		
	(child's name), whose birth date is		
I wou	ld like to enroll my child at Little Orchard Preschool for the school year. I am financially		
respo	nsible for this child and agree to all of the terms and conditions contained in this Enrollment Agreement. I		
have (	enclosed the non-refundable Registration Fee (\$100.00) and request the following program (please indicate		
1st and	1 2nd choices)		
Chec	k all that apply:		
Reg	gular School Year Classes (one time registration fee \$100)		
3-4 Y	ear Olds (August 2021 - May 2022)		
	9:00 am – 12:00 pm, T/Th (\$130/month)		
	12:45 pm – 3:45 pm, T/Th (\$130/month)		
4-5 Y	ear Olds (August 2021 - May 2022)		
	9:00 am – 12:00 pm, M/W/F (\$175/month)		
	12:45 pm – 3:45 pm, M/W/F (\$175/month)		
4-5 Y	ear Olds (August 2021 - May 2022)		
	9:15 am - 12:15 pm, M/T/W/Th/F (\$300/month)		
	1:00 pm - 4:00 pm, M/T/W/Th/F (\$300/month)		

Orientation will be in July. We will call prior to set up an appointment.

may not attend class. May tuition can only be used for consistent enrollment through May. Please make checks payable to Little Orchard Preschool.			
I understand and agree that the Registration Fee is non-refundable if I am placed on the class list.			
Special considerations			
I hereby choose and agree to the following payment option for tuition due.			
Option 1: I will pay the tuition due each month directly to Little Orchard Preschool. I understand that tuition is due on the 25th day of the month prior to the monthly classes and agree to pay a late payment of \$20.00 for any late tuition payment and a \$40.00 fee for any returned checks.  Option 2: I will pay the tuition due in full directly to Little Orchard Preschool. If the year's tuition is paid in full with cash or check on or before the first day of school, a 5% discount will be provided.			
Please make checks payable to Little Orchard Preschool. You may also pay by cash or by credit/debit card.			
I understand that my first payment is due on or before the first day of class. The failure to timely make payment will result in refusing admission for the child for the remaining school year.			
I understand and agree that I am enrolling my child for the entire school year or remainder thereof. If it becomes necessary for my child to withdraw early, I agree to timely notify the school in writing, one month prior to withdrawal. I understand and agree that if I am making monthly payments, my account must be current as of the withdrawal date and any payments already made will be non-refundable. I understand and agree that if I am paying tuition in advance, that those advance tuition payments may be partially refundable.			
Any child who constitutes a danger to other children or staff of the preschool may be dismissed and denied attendance at the preschool. I understand and agree that if my student is dismissed, only future months payments already paid may be refunded. I agree to pay to Little Orchard Preschool any costs or expenses, including legal fees, relating to or arising out of the collection efforts taken by Little Orchard Preschool. I further agree to pay 5% monthly interest on any past due balance pursuant to this Enrollment Agreement.			
The laws of the State of Utah govern this Enrollment Agreement.			
I understand and agree with the terms of this Enrollment Agreement.			

Signature \_\_\_\_\_ Date \_\_\_\_\_\_
(Parent or legal guardian who is financially responsible for the child)

## EMERGENCY MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, (name), am the parent or legal guardian of				
(child's name). I understand and acknowledge that my child may require first aid and/or emergency medical care				
for illness or accidental injury occurring at Little Orchard Preschool. In the event that my child should become or				
appear to become injured or ill, I hereby authorize Little Orchard				
Preschool to render such first aid to my child as may appear reasonably necessary under the circumstances. Little				
Orchard Preschool may take such actions as appear reasonable, necessary or in the best interests of my child and other				
children.				
I further confer upon Little Orchard Preschool all requisite authority to act in my place and stead in authorizing such				
emergency medical care or treatment as may be found necessary or advisable by any health care professional. In the				
event the child should experience a medical emergency requiring professional health care services, Little Orchard				
Preschool will use reasonable efforts to notify me as soon as possible but will not delay authorization of any				
medically necessary treatment.				
In the count that I into Control Donate at the constant of the constant of Con				
In the event that Little Orchard Preschool is required to execute an acceptance of financial responsibility to promptly obtain medical care for my child, I hereby unconditionally guarantee prompt and full payment to Little Orchard				
Preschool for all medical services rendered. I further agree to reimburse, indemnify and hold harmless Little Orchard				
Preschool for all medical costs and expenses incurred on behalf of my child and all other sums of any kind related to				
such medical costs or expenses.				
I hereby WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Little Orchard Preschool for				
damages for death or personal injury my child may suffer as a result of (1) any efforts by Little Orchard Preschool to				
render First Aid; (2) emergency transportation to or from any doctor, hospital or emergency center by Little Orchard				
Preschool, (3) handling, diagnosis, treatment or care of my child by any doctor, hospital, emergency center, or emergency transport provider; and (4) failure to render or seek first aid or medical care for my child.				
chiergency transport provider, and (4) famure to render of seek first aid of medical care for my emid.				
Each waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of				
my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other				
parent or guardian of my child to assert or maintain any claim or suit against Little Orchard Preschool for the				
activities or occurrences described herein. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE				
THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Little				
Orchard Preschool for any liability of any kind arising out of any lack of authority on my part to make				
such waivers and releases.				
I have read, understand and agree with the terms and conditions above.				
Signature Date				
Signature Date  (Parent or legal guardian of the child)				
Signature Date (Administrator of Little Orchard Preschool)				
(Administrator of Little Orchard Preschool)				

# AUTHORIZATION TO PARTICIPATE AT LITTLE ORCHARD PRESCHOOL AND RELEASE AGREEMENT

	y minor child (herein after "I ctivities that will involve motion and speed at Little (	
Preschool.	1	
RELEASE AND WAIVER OF LIABILIT AGREEMENT In consideration of participation in the activities Participant represents that he/she understands the good health, and in proper physical condition to who has enrolled participant will keep Little Orcobservations or knowledge that he or she may have environment of the preschool. Participant's parent may arise within the normal activities of the present readily foreseeable at this time; and Participat such risks and all responsibility for losses, costs, activities. Participant and his/her legal guardian Preschool, Nikita Orchard, instructors, administrassisting in the conduct of any activities, including participants, any sponsors, advertisers, and owner any activities take place, (the "Releasees") from a caused or alleged to be caused in whole or in participant of the Releasees, Participant's parent and/or legal Releasees from any loss, liability, damage, or cost Participant's legal guardian has read this RELEAS INDEMNITY AGREEMENT, and understands to legal guardian has signed it freely and without and the consideration of the results of the r	offered by Little Orchard Preschool, parent or legal genature of the activities and represents that Participant participate in such activities. Participant's parent or legal guardianies aware of any conditions of participative become aware of, that render participant unsafe in the or legal guardian is aware of and fully understands school. Also, that there may be other risks either not kent and his/her parent or legal guardian fully accepts and damages incurred as a result of Participant's parthereby releases, discharges, and covenants not to sue ators, directors, agents, officers, employees, and all ong persons transporting Participant to and from any a ters and lessors and others providing premises or facilial liability, claims, demands, losses or damages on met by the negligence of the Releasees or otherwise, indegal guardian further agrees that if, despite this release all of participants parent or legal guardian makes a call guardian will indemnify, save, and hold harmless east which any may incur as the result of such claim. SE AND WAIVER OF LIABILITY, ASSUMPTION Of that by signing it gives up substantial rights. Participant by inducement or assurance of any nature and intendicates extent allowed by law and agree that if any po	nt is qualified, in egal guardian ant or of any in the the risks that known to me or and assumes all ticipation in the Little Orchard other persons ctivity, other ities on which my account cluding negligent se, waiver of claim against any ach of the FRISK, AND int's parent or it be a complete
agreement is held to be invalid the balance, notw	rithstanding, shall continue in full force and effect.	
Printed Name of Participant		
Participant's experience and capabilities and beli on behalf of Participant, hereby release, discharge	n, understand the nature of the above referenced active eve Participant to be qualified to participate in such a e, covenant not to sue and AGREE TO INDEMNIFY As, and otherwise consent and agree to the terms and coisk, and Indemnity Agreement.	activities. I, and AND SAVE
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Printed Name of Administrator of Little Orchard Preschool	Signature of Administrator of Little Orchard Preschool	Date

### AUTHORIZATION AND RELEASE

For va	luable consideration, the receipt and sufficiency is hereby acknowledged,, irrevocable agrees and consents to the terms set forth in this
	(Guardian or Parent print your name) nent. These terms are as follows:
1.	Little Orchard Preschool may take photographs/video of my child/participant and/or testimonials for their promotional use and they have all ownership interest in these pictures, likeness, title, photographs, motion pictures, video tapes for use in advertisement and promotion for all purposes including use on Little Orchard Preschool web site, FaceBook, YouTube, social networking and for all marketing purposes including but not limited to posting on the World Wide Web.
2.	All photographs, photograph negatives, video tapes, film (developed an undeveloped), and other images and or likeness, including but not limited to use of my child's/participant image or likeness in animation and or other medium and or publication are the exclusive property of Little Orchard Preschool.
3.	I hereby release and forever discharge Little Orchard Preschool, their teachers, agents, representatives and owners from all liability from the use of my child's/participant's image in the advertisement and promotion of their business.
I have	read and agree to all terms and conditions stated herein.
Dated	Signature:
	Print Name:
	tal Consent: I agree to allow my minor child to appear in (print minor's name)  omotion and advertisement on behalf of Little Orchard Preschool. Further, all terms and condition set forth in
	athorization and
Releas	e will apply to my minor child.
Dated	Parent's Signature:
	Print Name:
Signat (Admi	ure Date nistrator of Little Orchard Preschool)