



2011 Austin Parkway  
Sugar Land, TX 77479  
(281) 265-5656  
www.littlefisherspreschool.org

# 2025 – 2026 REGISTRATION FORM

Child's FIRST Name: \_\_\_\_\_

MALE

Child's LAST Name: \_\_\_\_\_

FEMALE

Name child will use at school (if different): \_\_\_\_\_

Date of BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age by September 1, 2025: \_\_\_\_

**\*\* The placement of children in classes is determined by their age as of September 1<sup>st</sup>.**

## CLASS CHOICE

**PLEASE ENROLL BY CHILD IN: (CHECK ONE APPLICABLE CLASS)**

18 MONTHS Younger 2's	2 YEAR OLDS	3 YEAR OLDS	4 YEAR OLDS Pre-K	KINDERGARTEN
<input type="checkbox"/> 3 DAY (T/W/Th)	<input type="checkbox"/> 5 DAY (M-F)	<input type="checkbox"/> 5 DAY (M-F)	<input type="checkbox"/> 5 DAY (M-F)	<input type="checkbox"/> 5 DAY (M-F)
<input type="checkbox"/> 2 DAY (T/Th)	<input type="checkbox"/> 3 DAY (T/W/Th)	<input type="checkbox"/> 3 DAY (T/W/Th)	<input type="checkbox"/> 3 DAY (T/W/Th)	
	<input type="checkbox"/> 2 DAY (T/Th)			

## PARENT/GUARDIAN INFORMATION

Father's FIRST Name: \_\_\_\_\_

Mother's FIRST Name: \_\_\_\_\_

Father's LAST Name: \_\_\_\_\_

Mother's LAST Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Does your child live with both father and mother? Y/N If not, with whom? \_\_\_\_\_

Parent's current status:  Married  Divorced  Separated  Single  Father Deceased  Mother Deceased

**\*\* If a court-ordered parenting plan exists, please provide a copy to the school.**

**CONTINUED ON BACK**

## STUDENT INFORMATION

Any diagnosed allergies (food, skin, etc.)? Y/N      If yes, please specify: \_\_\_\_\_

*\*\* Diagnosed allergies will require an Allergy Emergency Plan to be completed prior to enrollment.*

Any diet restrictions (vegetarian, food intolerance, etc.)? Y/N If yes, please specify: \_\_\_\_\_

Does your child have any condition which might limit their participation in school activities? Y/N

If yes, please explain: \_\_\_\_\_

What language is primarily spoken in the home? \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church Home: \_\_\_\_\_

## TUITION AGREEMENT

I understand that I am registering my child in the Little Fishers Preschool for the 2025/2026 school program and will pay the appropriate fees.

I understand all fees are paid via automatic draft from my Procure Account. I understand that I am responsible for linking a checking account to my Procure account to process payments.

I understand that accounts with insufficient funds will be charged a \$25 NSF penalty fee.

I understand that the Registration Fee is NON-REFUNDABLE and will reserve a spot for my child in the 2025/2026 program until May 5, 2025.

I understand that the Supply Fees are NON-REFUNDABLE and must be paid per semester (the Fall Supply Fee must be paid by May 5, 2025, and the Spring Supply Fee must be paid by January 5, 2026).

I understand that the May 2026 Tuition Payment is NON-REFUNDABLE and must be paid by August 5, 2025.

I understand that the school day ends at 2:00 pm (or 3:00 pm for extended day). If I am late picking up my child after 2:10 pm (or 3:10 pm), I will be charged \$5, and an additional \$1 per minute for every minute after that.

I understand that if I choose to withdraw my child from Little Fishers Preschool, I must provide a 30-day notice in writing to the preschool office. I understand that the Registration Fee, Supply Fees, and the May 2026 Tuition Payment WILL NOT be refunded. I also understand that the May 2026 Tuition Payment WILL NOT be applied to my child's last 30 days of attendance.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_