Date	of	Enrollment:	
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2025/2026 Application Form / Accounting Enrollment Form

Applications are accepted on a first-come, first-serve basis.

Child's Name: (1)	t	oate of Birth:	
Nickname:			
Program:			
		Date of Birth:	
Program:			
Parent's Name: (1)			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Panant's Nama (2)			
_		Zip:	
	Work Phone.	cen r none.	
		n shared on the class roster? Yes	 s No
, , , , ,	Registration fee (\$125/ child)		
	ne): Bi-Weekly		
	·	Half Day Rates: 2K \$195.00 wk. 3/	4K \$190 00 wk
•		cial Media Drive By Print Ads	
•			
		ne referring family to receive cred	
		.?	
•	sory needs or behavior challenges		
If yes, what steps are being t	aken to help your child?		
175.11			
•	•	determine if our preschool is a goo	
	_	ed completely filled out (no blanks	_
	•	SS Form 2900, DSS regulations &	
of Children/ Authorized Pick i immunizations record.	.ip, Key Fob Agreement & Parent F	Handbook Agreement, along with a c	current
*Your child must be fully pott	y trained to enroll in the 3K and 4	K Programs at Lowcountry Learner	S.
		(2) \$Amount for Chi	
	tal tuition (1) (2)		