



Loomis Early Learning Center:  
**READY TO LEARN!**

**2025-2026 Early Learning Center Program Application**

**Loomis preschool is Monday-Thursday full days 8:00 a.m.-3:25 p.m.**

Submit only one application per child. Only a parent/legal guardian may submit the application.

Applications are due March 7, 2025

**\*Applications will not be accepted without an updated immunization record and a valid birth certificate.**

| Student Information:   |     |             |
|--|-----|-------------|
| Has your child previously been enrolled in the Loomis Early Learning Center? Yes _____ No _____              |     |             |
| Last Name: _____ First Name: _____   |     |             |
| Date of Birth: __/__/__ (A birth certificate must be presented)  |     | Gender: M F |
| Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino   |     |             |
| Race: ___ White ___ Asian ___ Black or African American ___ American-Indian or Alaska Native<br>Other: _____ |     |             |
| Primary Language: _____ English _____ Spanish Other: _____   |     |             |
| Has your child received Early Intervention Services in the home or a center?                                 | Yes | No          |
| Is your child in the process of being evaluated for special education services?                              | Yes | No          |
| Does your child have an Individualized Education Program (IEP)?  | Yes | No          |
| Was your child born prematurely and can be verified by a physician?  | Yes | No          |

| Student Information:                       |                      |                   |
|--|----------------------|-------------------|
| Mother: Last Name: _____ First Name: _____ |                      |                   |
| Mailing Address: _____                     |                      |                   |
| Street Address                             | City                 | State Zip Code    |
| Phone: _____                               | Email Address: _____ |                   |
| Mother's Employer: _____                   |                      | Work Phone: _____ |
| Father: Last Name: _____ First Name: _____ |                      |                   |
| Mailing Address: _____                     |                      |                   |
| Street Address                             | City                 | State Zip Code    |
| Phone: _____                               | Email Address: _____ |                   |
| Father's Employer: _____                   |                      | Work Phone: _____ |

**Emergency Contact Information: (Other than parent or guardian listed above)**

Name: \_\_\_\_\_

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

**Tuition and Income Information:**

**Payment of Preschool Fee:** (Based on income a family may qualify for free or reduced rates.)

**Preschool Fee: \$150/month or \$1200/year    Reduced Fee: \$75/month or \$600/year**  
**(Breakfast is included in this fee)**

**OPTIONAL Free or Reduced Application:** (Applicants are not required to complete financial section unless applying for a Free or Reduced rate.) The income information below must be completely filled out.

Number in the Family: \_\_\_\_\_                      Number in the Household: \_\_\_\_\_

**Siblings:**

| Name: | Age: | School Attending: | Grade: |
|-------|------|-------------------|--------|
|       |      |                   |        |
|       |      |                   |        |
|       |      |                   |        |

**Household Income Information:**

| Name | Work Income | How Often? | Welfare, Child Support, Alimony | How Often? | Pension, Retirement, SS, SSI, VA, Disability | How Often? | Other Income | How Often? | Check if NO income |
|------|-------------|------------|---------------------------------|------------|--|------------|--------------|------------|--------------------|
|      |             |            |                                 |            |  |            |              |            |                    |
|      |             |            |                                 |            |  |            |              |            |                    |

Office Use Only

\_\_\_\_\_ Full Price                      \_\_\_\_\_ Reduced                      \_\_\_\_\_ Free

**Anticipated Kindergarten Year:**

Anticipated year your child will attend Kindergarten.                      2026-27                      2027-28                      2028-29

**Parent/Guardian Signature:**

I certify that all the above information is true and correct and agree to pay the monthly tuition fee and cost of meals based on income. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.

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

Printed Name: \_\_\_\_\_