



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 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
Phone: _____	Email Address: _____	Zip Code
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)**

**Payments: (choose one)    Monthly    Bi-monthly    Semester    Year**

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**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:

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**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
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**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: \_\_\_\_\_