

Little Creek Academy Preschool 2024-2025 Registration

Ages 18 months to 5 years old
11875 Jones Bridge Rd. Suite G
Johns Creek, GA 30005
770-753-4449
www.littlecreekacademy.com



General Information

Themed based curriculum
Emphasis on social skills & enhancing self-esteem and confidence
Small teacher to child ratio
Pre-reading/math/phonics/writing & fine motor skills reinforced daily
Focus on social, emotional, physical & intellectual development
Educational & exciting play equipment and manipulatives
Experienced, loving and caring teachers.

Hours

18 month - 2 year old classes - 9:15 - 12:45
3 & 4 year old classes - 9:30 - 1:00

Monthly Tuition

Monday/Wednesday/Friday - \$375 per month
Tuesday/Thursday - \$275 per month
5 day preschool - \$575 per month

Our registration fee is \$100 per school year. This fee is non-refundable.

Before & after school care is available!

Before school care begins at 8am. After school care ends at 2pm.
2 days of before and after school care - \$150 per month
3 days of before and after school care - \$175 per month
5 days of before and after school care - \$200 per month

Mark Your Calendars!

Open House August 12th
First Day of School is August 14th to 15th

Little Creek Academy Registration Form

Please Mark Desired Days of School

- 5 day preschool
- 3 day preschool - M/W/F
- 2 day preschool - T/Th
- I need before & after school care

Name of child _____ Birth Date & Age _____ Age _____

Mom's Name _____ Mom Cell Number _____

Dad's Name _____ Dad Cell Number _____

Home address _____ S

Emergency Contact Name _____ Relation to child _____

Emergency Contact Phone Number _____

We want to know more about your child! Please answer the following.

Allergies _____

Special Needs _____

Does your child receive speech therapy? _____

Does your child speak another language other than English? _____

If yes, what language? _____

Dietary Restrictions _____

Concerns or anything you would like to share about your child _____

How did you hear about us?

- Facebook or Instagram
- Friend or family - please list name _____
- Other - please list _____

I give my permission to Little Creek Academy to make whatever emergency measures are deemed necessary for the care and protection of my child while under the supervision of the learning center. I understand that my child will be participating in an active movement program and accept the risk involved.

Parent's Signature _____ **Date** _____