

# 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](http://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 - \$425 per month  
Tuesday/Thursday - \$375 per month  
5-day preschool - \$625 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

# Little Creek Academy Registration Form

Please Mark Desired Days of School

- o 5 day preschool
- o 3 day preschool - M/W/F
- o 2 day preschool - T/Th
- o 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 \_\_\_\_\_

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?**

- o Facebook or Instagram
- o Friend or family - please list name \_\_\_\_\_
- o 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** \_\_\_\_\_