



Learning Ladder Preschool Registration 2024-2025

Program Description:

The Learning Ladder Preschool is housed in Our Lady of Victory Catholic School. We are licensed through the State of Minnesota to serve children 3-5 years old in full day programs. Students develop social skills along with academic skills as they explore and play. Large motor skills are practiced in our school gym as well as on our outside playground. Students can participate in our Minnesota State sponsored food program for both breakfast and lunch. Before and after school childcare is available from 7:30am until 5:00pm for enrolled students. Preschool class enrollment is limited to ensure quality education, ample classroom space and individual attention. Students must be the age of the class (3, 4 or 5) and toilet trained by September 1st to enroll. **NO EXCEPTIONS.**

Registration Process:

Families interested in enrolling in Learning Ladder Preschool should follow the 2-step process below to ensure a spot for their child.

1. Interested families should submit a registration form along with the \$100 non refundable registration fee. An email will be sent out confirming the receipt of the application and confirming the age group. In June, families will receive an email confirming day assignments. **We do our best to honor day of the week requests but due to classroom limits, second choices are used at times.**
2. During the summer, classes are formed based on family interest and staff availability. At the beginning of August, families will receive a class assignment letter. **In order to secure your child's spot, September tuition will be due by August 15. Any spots not confirmed with payment of September tuition will be opened up to those on the waiting list.**

Health Care Immunization Records are required by the state for children to enter our program. Children may not begin preschool without this paperwork turned in to the school office. Please make any doctor visits early in the summer. It may take a few weeks to get the immunization forms back from their doctor.

The Learning Ladder Preschool calendar coincides with Our Lady of Victory School calendar and in large part ISD #544 Fergus Falls Public School. Some exceptions might be conferences or in-service days. Watch for changes in our newsletters.

I understand the Learning Ladder Preschool registration guidelines and agree to the terms.

Parent/Guardian Signature

Date

Child's Name



Learning Ladder Preschool Registration 2024-2025

Child's Name: _____ Date of Birth _____ Gender: M ___ F ___

Nickname (only if preferred at school): _____ Member of OLV Parish: Yes ___ No ___

Address: _____ State: _____ Zip: _____

1. Parent/Guardian: _____ Address: _____

Home #: _____ Cell #: _____ Work #: _____

Employer: _____ Email: _____

____ Use this email for confirmation of registration

Physical custody of child: ___ Yes ___ No

2. Parent/Guardian: _____ Address: _____

Home #: _____ Cell #: _____ Work #: _____

Employer: _____ Email: _____

____ Use this email for confirmation of registration

Physical custody of child: ___ Yes ___ No

Note: The child must be the age of the class and toilet trained by September 1st.

Please choose age group, session, and preference for days of the week

Age Group

___ 3&4 YEAR-OLD CLASSES

This program emphasizes socialization and introduces structured academics.

Type of Day

___ Full Day (\$250/month)

2-Day Full Day Class: 8:30 – 3:05 p.m.

___ Add-on Friday

(Full day additional \$125/month)

Days of the Week

___ M/W

___ T/Th

___ 4 & 5 YEAR-OLD CLASSES

This program focuses on Kindergarten readiness with social and emotional support.

___ Full Day (\$250/month)

2-Day Full Day Class: 8:30 – 3:05 p.m.

___ Add-on Friday

(Full day additional \$125/month)

___ M/W

___ T/Th

****Immunization forms must be submitted to the school office prior to the first day of class.****

For Office Use

Registration Fee (\$100)

Date received: _____ Check Number: _____ Cash: _____ Date Conf. email sent: _____

Email

JMC Enrollment: _____ Day Assignment (June): _____ Class Assignment (Aug): _____

****Due to state licensing requirements, all sections must be filled in completely and accurately.***

Section 1

In case of medical emergency, the following **physician** may be called:

Name _____ Phone # _____

In case of dental emergency, the following **dentist** may be called:

Name _____ Phone # _____

List daycare provider and phone number : _____ Phone#: _____

Does your child have any known allergies, stresses, challenges, security needs, or health problems? (Please describe):

Does your child have any food restrictions that need to be followed at school?

Does your child receive any special services (speech, OT, PT, Special Education)? If so, please explain.

Tell us about your Child

Please complete the following questions to give us a better understanding of your child.

Describe your child to us.

What are your hopes for your child’s preschool experience, and what should we know to help them succeed?

