

**2024-2025 Little Panda Registration Form**

**Mon Aug 26, 2024 – Fri June 6, 2025**

**8:30 AM – 12:30 PM**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chinese Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_ Sex    M F non-binary

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Street City State Zip

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

1st Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider & Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle: my child wears a diaper is potty training is potty trained

Emergency Contact Name & Phone if unable to contact parents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons authorized to pick up your child from school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you learn about Little Panda? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of Attendance & Registration Fees (Please check and/or circle days)

| Days Per Week | □ 5 days | □ 4 days | □ 3 days | □ 2 days |
| --- | --- | --- | --- | --- |
| Days of Attendance | Mon - Fri | Mon     Tue Wed   Thu Fri | | |

**REGISTRATION –** A child should reach the age of two upon enrollment.To secure a spot for your child, please submit this registration form and a check for a registration fee of $60 per student. For new students, please add a one-time new student enrollment fee $199/student. Both **registration fee** and **new student enrollment fee** are non-refundable once the registration is confirmed. Please make the check payable to Little Panda Mandarin Preschool (LPMP) or pay through Venmo @littlepandamandarinpreschool.

| **2024-2025 TUITION & FEES** | | |
| --- | --- | --- |
| Enrollment Fee | $199/one time | |
| Registration Fee | $60/year | |
| Monthly Tuition | 5 mornings | $780/month |
| 4 mornings | $640/month |
| 3 mornings | $500/month |
| 2 mornings | $350/month |
| Others | Late Pickup Fee (after 12:30 PM) | $1/minute |
| Tuition Late Payment Fee | $ 25 |
|  | | |

**PERMISSION & LIABILITY WAIVER**

Being the lawful parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby consent to the participation of said child in all LPMP activities. I further authorize LPMP staff to provide, approve, and authorize necessary health care at any health institution; employ any health care service worker whose services may be needed for health care; review and if necessary disclose the contents of any medical records; and execute any consent form required by health authorities incident to the necessary provision of medical, surgical, or dental care to the child. I further authorize emergency transportation by either LPMP personnel, ambulance, or other emergency vehicle. If there is no medical emergency, LPMP staff will first use reasonable efforts to contact the parent(s)/guardian(s) before administering or authorizing any treatment. LPMP is well child-proofed and the students are consistently well-supervised. However, accidents do happen. The undersigned assume all risk of injury or harm to the child associated with participation in LPMP and agree to release, indemnify, defend, and forever discharge LPMP and its staff and agents from all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of injury, loss, death or damage to the child, or by the child, howsoever caused, to arise by reason of or during the child’s participation in LPMP.

**I have read this registration form and the Little Panda Parent Handbook and agree to abide by all school policies.**

**Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For more information contact: Director Gawin Tsai at 919-666-7363 or durhamlittlepanda@gmail.com