

Lit'l Duke University

Lit'l Duke University Preschool & Kindergarten

Reservation, Request to Enroll & 9-Month Tuition Agreement
2026-27 School Year

Classes:

Preschool 2 Days (age 3.5 by Sept): **Tues & Thurs, 9am-12pm or 9am-2:30pm**

Pre-K 3 Days (age 4 by Sept): **Mon, Wed & Fri, 9am-2:30pm**

Kindergarten: **Mon, Tues, Wed, Thurs & (optional) Fri, 9am-2:30pm**

After Care Enrichment / ACE: **Mon-Fri, 2:30-5:00pm**

Child's Name (First & Last): _____

Gender: _____ Current Age: _____ Birthdate (MM/DD/YYYY): _____ / _____ / _____

Parent/Guardian 1: _____ Cell # _____

Place of Work: _____ Work # _____

Parent/Guardian 2: _____ Cell # _____

Place of Work: _____ Work # _____

Primary Email: _____

Please select which class your child will qualify for as of September.

Preschool: **Half** **Full** **Pre-K:** **3 day** **Kindergarten:** **4 day** **5 day**

ACE Program (circle the days you'll need): **M** **Tu** **W** **Th** **F** or **Drop-In** (as needed)

This form is to be completed and returned with the \$100.00 NON-REFUNDABLE application, enrollment, additional expenses and insurance fee to guarantee your child's placement.

Authorized Parent/Legal Guardian

Print Name _____

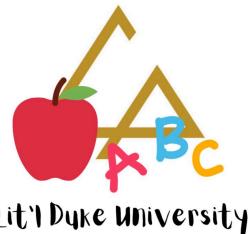
Print Name _____

Signature _____

Signature _____

Date _____

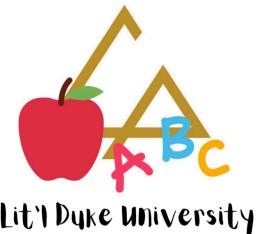
Date _____



Please initial each statement below to indicate that you have read, understand, and agree to each term and condition for enrollment in the Lit'l Duke University program.

- Children must be 3 years and 6 months of age (3 ½ years old) as of **September** and fully toilet trained.
- Our placement for your child is based on your child's birthdate. Should our teachers make a recommendation for a schedule or class change, we ask for your trust. Know that all is done with your child's best interest in mind.
- Tuition is processed for the entire academic year (September-May) regardless of attendance, sickness, or holidays. We are unable to provide makeups or prorations for missed days.
- Tuition installments are due on the 1st of the previous month (Sept-May).** Tuition not paid by the **10th** of the month will receive a **\$25** per month past due fee. Should we receive notice of "non-sufficient funds" from your financial institution, you will be assessed a **\$35 (NSF) charge.**
- Due to our low student to teacher ratio, this is a 9 month (September-May) commitment. To withdraw early, you must give at least 4 weeks notice in writing prior to your last day of class. A charge of one additional month's tuition will be assessed as compensation for early termination of your contract. Your early termination fee is due on or before May 31st of the current school year.
- We understand and agree that "The Flippin Gym", Golden Triangle Gym, Lit'l Duke University, teachers, assistants, and administration are hereby released from any and all claims or financial responsibility arising out of any incident or accidents that may occur in connection with operation of the preschool and kindergarten, including field trips sponsored by Golden Triangle Gym and Lit'l Duke University.
- We grant teachers and administration the right to authorize emergency medical care.
- We agree to let our children travel and participate on preschool sponsored field trips under the supervision of the teachers. Parents will be informed ahead of time.

I have read, understand, and agree to the terms and conditions above: _____



My child's name is _____

My child's interests are _____

and their favorite toys & games include: _____

My child's special qualities include: _____

My child is approaching school with:

curiosity no interest anxiety excitement confidence reluctance

Goals for my child this year in preschool/kindergarten: _____

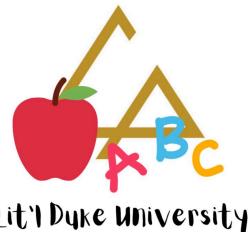
Questions or concerns that I have: _____

What do you plan for school next year? _____ Homeschool _____ Private _____ Public

Thank you for your answers to these questions! This helps us better understand your child, their needs and your goals so we can prepare and strategize accordingly.

How did you learn of Lit'l Duke University? _____

If referred, name of referral: _____



Child's Primary Physician Name: _____

Primary Physician Phone Number: (____)-_____-_____-

Are there any special health concerns or medical conditions we should be aware of (including allergies)?

If so, please describe:

Please list any and all medications and/or treatments prescribed to your child for the above condition(s) if applicable:

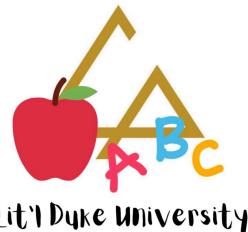
I authorize Lit'l Duke University teachers and/or Golden Triangle Gym staff and instructors to administer the above medications and/or treatments to my child. (Circle one) **Yes** **No**

(If yes) I will provide all medications and/or treatments necessary for my child, along with instructions on frequency and dosage to my child's teacher. (Please initial) _____

(If no) I will provide my child's teacher with the appropriate procedures in the event that my child needs medication and/or treatment administered. (Please initial) _____

In the event of an emergency, I authorize Lit'l Duke University and/or Golden Triangle Gym teachers, instructors and staff to **administer and authorize medical care** deemed appropriate for my child.

(Please initial) _____



By signing this form, you confirm that all of the information provided is true and correct to the best of your knowledge. You understand all terms and conditions of entering into this contract and are returning a completed and signed application with the \$100 non-refundable enrollment fee.

All information provided in this application will be strictly confidential. Thank you for trusting us and for helping us to ensure this will be a great year for your child!

Print Name

Print Name

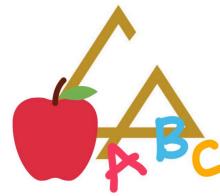
Signature

Signature

Date

Date

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Lit'l Duke University

Emergency Contacts & Authorized Pickups

Please list anyone who may be contacted to care for your child if a parent or guardian cannot be reached in an emergency and anyone authorized to pick up your child from Lit'l Duke University. Only those listed below will be authorized to pick up your child, unless you add them and sign this document anew. Please list at least two emergency contacts.

Emergency **Pickup**

Name	Relationship	Cell Number		
Name	Relationship	Cell Number		
Name	Relationship	Cell Number		
Name	Relationship	Cell Number		
Name	Relationship	Cell Number		
Name	Relationship	Cell Number		

Child's Name: _____

Parent's Printed Name: _____

Date: _____ Signature: _____

UPDATED:

Date: _____ Signature: _____

Date: _____ Signature: _____