

Tuition & Fees Schedule 2026 - 2027

Each year each student will have a one-time, non-refundable registration/school supply fee. This fee is due at the time of enrollment. **We cannot reserve a space for your child until we receive the enrollment packet & the enrollment/school supply fee.**

Registration & School Supply Fee Schedule

2 Day Toddler & Twos	\$155.00
3 Day Toddler & Twos	\$170.00
4 Day Toddler & Twos	\$185.00
2 Day Three's & Pre-K	\$165.00
3 Day Three's & Pre-K	\$175.00
4-Day Three's & Pre-K	\$185.00

Tuition Fee For Toddler & Two Year Olds (9:30 – 1:30)

Our preschool tuition is based on an annual fee divided into nine equal payments. Payments are due on the 1st of each month beginning **August 1**. The final payment is April 1. There is no May payment.
(The August payment covers May.)

*For families with multiple siblings enrolled there is a \$10 monthly discount.

2 Day Toddler (Tues/Thursday)	1 years old by July 31, 2026	\$260/Monthly
3 Day Toddler (if available)	Tues/Wed/Thursday	\$340/Monthly
4 Day Toddler (if available)	Tuesday - Friday	\$420/Monthly
2 Day Two's (Tues/Thursday)	2 years old by July 31, 2026	\$260/Monthly
3 Day Two's (if available)	Tues/Wed/Thursday	\$340/Monthly
4 Day Two's (if available)	Tuesday - Friday	\$420 /Monthly

Tuition Fee for Three Year Olds & Pre-K (9:30-1:30)

All three year old and pre-kindergarten students must be potty-trained.

2 Day Three's	3 years old by July 31, 2026	\$250/Monthly
3 Day Three's (if available)	Tues/Wed/Thursday	\$330/Monthly
4 Day Three's (if available)	Tuesday - Friday	\$410/Monthly
2 Day Pre-K	4 years old by July 31, 2026	\$250/Monthly
3 Day Pre-K (if available)	Tues/Wed/Thursday	\$330/Monthly
4 Day Pre-K (if available)	Tuesday - Friday	\$410/Monthly

**Extended Day: Available only to Older 2's – PreK. (1:30pm-3:00pm) *Available only on Tues/Wed/Thurs. Must have 8 - 10 students to make a class. \$25 per day. This will not be a drop-in class. Decision must be made at the beginning of the school year. See PJ for more information if interested.

Thank you for applying to Little Learners Preschool for the 2026 – 2027 school year. Please complete this enrollment form and return it with your enrollment fees to the Little Learners Office. Payment may be made by cash, check, or through our website. (connectionpoint.tv/littlelearners) Your child’s placement will be confirmed when the enrollment papers and registration /supply fee is received.

Registration Conformation Date _____
 Payment Amount _____
 Form of Payment _____ Check # _____

Class Desired:	T/Th	T/W/TH	W/F	4
Days				
Toddlers (1 year old by July 31, 2025)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 years old (by July 31, 2025)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All children in 3’s and in Pre-K classes must be potty-trained.

Days	T/TH	T/W/TH	W/F	4
3 years old (by July 31, 2025) (3 Day classes will only make if there is enough student interest to support payment of teachers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-Day Pre-K (4 years old by July 31, 2025)	<input type="checkbox"/>			
3-Day Pre-K (T/W/Th)		<input type="checkbox"/>		<input type="checkbox"/>
4-Day PreK (T/W/Th/F) (4 Day classes will only make if there is enough student interest to support payment of teachers)				<input type="checkbox"/>
Extended Day (1:30pm-3:00pm)		_____ Tuesday	_____ Wednesday	
_____ Thursday				

Student Information

Child’s full legal name: _____
 Last First Middle
 Name child goes by: _____ Home
 Phone: _____
 Child’s Home Address: _____
 Street Address

Work Phone: _____ Work
Phone: _____

Cell Phone: _____ Cell
Phone: _____

Email: _____

Email: _____

(Please indicate which email will be designated for school correspondence)

Other Children in the household: Name Age

Does your family attend church services: Yes: _____ No: _____

If yes, where do you attend?

Below please write the hours of your work/home schedules. This is a state requirement. We must have both the mother and father's schedule, regardless of which parent the child lives with. If your schedule varies, please specify as best you can.

Father: _____

Mother: _____



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

<input type="checkbox"/> Yes <input type="checkbox"/> No	CHILD'S RELATION TO CHILD CARE PROVIDER
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ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? Yes No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning snack Lunch Afternoon snack Supper Evening snack None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____ (CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE
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CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,
D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Little Learners

Release Form (Media/Restroom)

I, hereby grant Little Learners Preschool permission to apply the following standards when using photos of my child, _____ during the 2026 - 2027 school year. **(Please check the box)**

My child's photograph/s/videos **MAY** be used on Little Learners Facebook Page

*No names are used.

*Site: Little Learners Preschool Raytown

My child's photograph/s/videos **MAY NOT** be used on Little Learners Facebook Page

I understand these images/videos are intended to communicate school activities with Little Learners families, friends and prospective families who might visit these sites. I further understand that no financial compensation will be given. Little Learners Preschool is a non-profit organization.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photographs/videos.

I, hereby grant my child's Little Learners teacher permission to help my child in the restroom.
(changing diapers, wiping a BM, or a clothing change)

(Please check the box)

My child **MAY** be helped in the restroom for any of the above-mentioned areas.

My child **MAY NOT** be helped in the restroom.

(please print name)

date

Parent Signature

date

Immunization Chart

Please fill this in and submit it along with a copy of your immunizations.

Immunization	Dose 1	Age (in months)	Dose 2	Age (in months)	Dose 3	Age (in months)	Dose 4	Age (in months)
DTaP								
Hib								
Polio (IPV)								
Hepatitis B								
Pneumococcal (PCV)								
MMR								
Varicella								

*Many times immunizations are grouped together. Here are a few common names of immunizations and which individual shots are combined in them.

Pediarix (DTaP, IPV, and Hep B)

Pentacel (DTaP, IPV, HIB)

Kinrix (DTaP, IPV)

Prennar (Pneumococcal)

*****Please turn in the completed Immunization Chart with the signed Medical Examination Report and current copy of the student's Immunization Records. This may be completed by a parent or Primary Physician.**



RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY

LEGAL NAME OF FACILITY	DVN
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)	
FACILITY TELEPHONE NUMBER	FACILITY E-MAIL ADDRESS

INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Elementary and Secondary Education(DESE). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at <https://dese.mo.gov/childhood/child-care/find-care>

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Office of Childhood - Child Care Compliance	8800 E. 63rd Street Raytown, MO 64133	816-350-5463	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	9/10/2025
Fire Marshal's Office (Fire Safety Inspection)	PO Box 844 Jefferson City, MO 65102		PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	9/29/2025
Local Health Office or DHSS (Sanitation Inspection)	313 S. Liberty Independence, MO 64050		PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	11/24/2025

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY

AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	4	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	2 Yr: 6, 3/4 Yr: 10	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	12	3 and 4 years of age	1 staff member for every	10

STAFF/CHILD RATIOS FOR LICENSED CENTERS

TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 100			5 years of age and older	1 staff member for every	16
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BACKGROUND CHECK REQUIREMENTS

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo. Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1) RSMo.
- Facilities operated by a religious organization and that **do not** receive federal funds for providing care for children **are not** required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.

Yes No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

REQUIRED SIGNATURES

Section 210.254, RSMo requires the facility to furnish two copies of this document to a parent(s) upon enrollment of a child. Parents acknowledge by signature that they have read and accepted the information contained in this document. One copy of this signed document is given to the parent(s); the other copy is retained in the child's record at the facility.

PARENT(S)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR <i>[Signature]</i>	DATE 2/16/2026
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>[Signature]</i> , EXECUTIVE PASTOR	DATE 2/16/26

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

PAYMENT OPTIONS CONTRACT

OPTION 1 – Registration/ Supply Fee will be paid at the time of enrollment
Balance of the nine months of payments prior to the first day of class

OPTION 2 – Registration / Supply Fee paid at the time of enrollment
August – December Tuition payments before the first day of class
January – April tuition payments before the first day of class

OPTION 3 – Registration / Supply Fee at the time of enrollment

Payment #1: August 1	Payment #8: March 1
Payment #2: September 1	Payment #9: April 1
Payment #3: October 1	
Payment #4: November 1	
Payment #5: December 1	
Payment #6: January 1	
Payment #7: February 1	

*** With option 3 the total balance must be paid by the 28th of the month in order for the student to attend class.

OPTION 4 – THIS OPTION IS ONLY AVAILABLE TO THOSE FAMILIES ENROLLING AFTER LABOR DAY.....

Registration / Supply Fee paid at time of enrollment

Payment #1: At enrollment	Payment #7: March 1
Payment #2: October 1	Payment #8: April 1
Payment #3: November 1	Payment #9: May 1
Payment #4: December 1	
Payment #5: January 1	
Payment #6: February 1	

***With Option 4 the total balance must be paid by the 5th of the month in order for the student to attend class. **May's tuition payment must be paid before/on May 1 in order for the student to attend classes and other activities in May.**

PLEASE CIRCLE THE OPTION YOU CHOOSE TO USE AND SIGN BELOW
