



Little Feats Preschool

2026-2027

**7704 24th Avenue NW
Seattle, WA 98117**

littlefeats@pcseattle.org

206.782.0588

Heidi Anderson, Director



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Little Feats Preschool

Little Feats Preschool is a Christian Preschool located at Loyal Heights in Ballard.

At Little Feats Preschool we are committed to creating an environment that is stimulating and nurturing to each child.

Our goal is to provide an atmosphere that encourages the development of each child; socially, emotionally, physically and spiritually.

We recognize that God created each child unique and special and we will provide a learning environment free of discrimination.

In the classroom, your child will spend time with friends while learning a range of skills.

We will draw from the following curriculum areas;

Art, science, language arts, music and movement, drama, large motor activities, fine motor activities, math games and Bible stories.

It is our goal to develop in each child a curiosity about the world they live in, and an enthusiasm for learning.

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The Preschool, *for the most part*, will follow the Seattle Public School calendar, and we are open September through June.

Pre-3

The child must be 18 months (and walking) by September 1st

Monday through Thursday 9:00 am to 12:00 pm

You may choose 2, 3 or 4 days a week.

Max capacity per day is 10 students

3's and 4's

The child must be 3 by September 1st

Monday through Thursday 9:00 am to 12:00 pm

You may choose 2, 3, or 4 days a week.

Max capacity per day is 18 students

Pre- K

The child must be 4 by September 1st

Monday through Thursday 9:00 am to 12:00 pm

You may choose, 2, 3 or 4 days a week.

Max capacity per day is 21 students

Tuition rates per month:

2 days \$380

3 days \$475

4 days \$545

A non-refundable registration fee of \$150.00* per student is due upon registration.

***(\$100 will be applied to the first month's tuition)**

Little Feats Preschool

2026/2027 Registration Form

A Non-Refundable \$150 Registration Fee is REQUIRED with this Form
(\$100 will be applied to the first month's Tuition)

Office use only	
Check #	_____
Date	_____
Other	_____

Child's Name: _____ Age: _____ DOB: _____ (M or F)

Parent(s)/Guardian(s) Name(s) _____

Child's Primary Residence: _____ Zip: _____

Is child living with both parents? _____ If not, with whom? _____

Home Phone # _____ Primary E-mail Address _____

Work # or Cell # _____ Work # or Cell # _____
(Mom/Legal Guardian) (Dad/Legal Guardian)

Names and phone numbers of other persons to contact, in case of an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Names and phone numbers of persons permitted to pick up your child from the preschool:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician – Name, address and phone number: _____

Date of last physical exam: _____

Does the child have any specific health problems the staff should be aware of?

(i.e. vision, hearing, allergies, physical limitations, etc.): _____

Enrollment (please select class & days):

Pre 3's _____ 3 and 4's _____ Pre-K _____

4-day: _____

3-day: _____ Mon _____ Tues _____ Wed _____ Thurs _____

2-day: _____

Agreement between Parent/Guardian and Little Feats Preschool

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or play at a neighborhood park.

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the preschool program.

I hereby grant permission for the Director, or acting Director, to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact the parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or the child's physician, we will do any or all of the following:
 - 1) Call another physician or paramedics
 - 2) Call an ambulance
 - 3) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under section 4 (above) will be borne by the child's family.
6. The preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The preschool will not assume responsibility for a child that has not been signed in when he or she arrives for the day.
8. The preschool will not assume responsibility for a child that has been signed out of the classroom.
9. **I agree that this is a binding agreement; I will give at least 2 weeks written notice of cancellation of enrollment, or be required to pay one month's tuition.**

Signed: _____ (Mother or legal guardian) Date: _____

Please Print Name: _____

Signed: _____ (Father or legal guardian) Date: _____

Please Print Name: _____