

# LITTLE ANGELS



## PRESCHOOL

### Application - \$50 Non-Refundable Fee Due With This Form

*Children entering the preschool must be at least 2 years old, by September 1st of the year of enrollment. Applications are accepted approx. 2 years in advance. Notification of future enrollment is made in early spring. The school does not discriminate on the basis of sex, race, color, ethnic origin or religion, in the administration of its policies.*

2 days \_\_\_\_\_ Fall \_\_\_\_\_ Male \_\_\_\_\_  
3 days \_\_\_\_\_ Summer \_\_\_\_\_ Female \_\_\_\_\_  
5 days \_\_\_\_\_ Year Wanted \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle  
City Zip

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Current Church member at \_\_\_\_\_

Would you like information about Trinity Lutheran Church? \_\_\_\_\_

How did you hear about Little Angels Preschool? \_\_\_\_\_

Priority to enter Little Angels Preschool will be as follows:

1. Siblings of currently enrolled students
2. Trinity Lutheran Church members active and in good standing.
3. Wait list will then be screened for the most suitable applicant, subject to board discretion and approval.

Thank You.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Information about your child:

Has your child been in childcare before? \_\_\_\_\_

Is your child toilet-trained? \_\_\_\_\_ Is he/she willing to separate? \_\_\_\_\_

Does your child nap? \_\_\_\_\_

What type of appetite does your child have? \_\_\_\_\_

What language is spoken in your home? \_\_\_\_\_

Characteristic behaviors (please circle all that apply) happy/cheerful, easily angered, negative, stubborn, calm, cries often/easily, fearful, shy, independent, friendly, talkative, energetic, loving, curious, other;

Child's usual reaction to authority? \_\_\_\_\_

Type of discipline you use most often? \_\_\_\_\_

Does your child play with best with other children or alone? \_\_\_\_\_

What type of activities are your child's favorites?

Does your child interact well with siblings? \_\_\_\_\_

Does your child have any special needs of which the school needs to be aware that require special accommodations?

### Additional Information

What would you like your child to gain from this preschool experience?

What would you like your child's teacher to know about your child?

Please write any additional information and any questions you have at this time:

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_