

LITTLE ANGELS



PRESCHOOL

Application/Waiting List Form- \$50 Non-Refundable Fee Due With This Form

This form and fee does not guarantee placement at Little Angels Preschool

Children entering the preschool must be at least 2 years of age by July 1st of the school year wanted. Applications are accepted two school 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, religion, or sexual orientation, in the administration of its policies.

2 Days _____ Fall _____ Male _____
3 Days _____ Summer _____ Female _____
4 Days _____ Year Wanted _____ Birthdate _____
5 Days _____

Child's Name _____

Address _____
Last First Middle
City Zip

Home/Cell Phone _____ Work Phone _____
Email _____

Parent/Guardian Name _____ Occupation _____

Parent/Guardian 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 _____