



## APPLICATION

**\$50 Non-Refundable Fee Due With This Application**

**\*This application and fee do not guarantee placement at Little Angels Preschool\***

*Children entering the preschool must be at least 18 months-old by September 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 \_\_\_\_\_

5 Days \_\_\_\_\_

School Year Wanted \_\_\_\_\_

Birthdate \_\_\_\_\_

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

Last

First

Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

Are you a member of Trinity Lutheran Church? \_\_\_\_\_

If not, would you like information about Trinity Lutheran Church? \_\_\_\_\_

**Priority to enter Little Angels Preschool is as follows:**

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

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

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

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

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

What is the main language 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; \_\_\_\_\_

When corrected, how does your child usually react?  
\_\_\_\_\_

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

What are your child's interests?  
\_\_\_\_\_

If siblings, does your child interact well with them? \_\_\_\_\_

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?  
\_\_\_\_\_

Is your child receiving any special services (speech, occupational, etc.)?  
\_\_\_\_\_

What would you like your child's teachers to know about your child?  
\_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_