

LITTLE ANGELS



PRESCHOOL

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 2 years of age 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 _____

Address _____
Last First Middle 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?

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 _____

