

**LITTLE BLESSINGS APPLICATION FOR PRESCHOOL
ADMISSION 2012/2013**

Child's Full Name: _____ Birth Date ____/____/____

____ M ____ F ____ Phone (____) _____

Address: _____

Street City Zip

Email address: _____

How did you hear about Little Blessings? _____

PARENT INFORMATION

MOTHER/GUARDIAN:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Business Phone: (____) _____

Church Affiliation: _____

Marital Status: Married _____ Separated _____ Divorced _____ Other _____

Physical, emotional or medical needs of the child (including allergies): _____

Other children in the family:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Completion of this form conveys a request for admission to LITTLE BLESSINGS for the program(s) selected. Your **non-refundable registration fee** must accompany this form, along with the bottom portion of the "Tuition Agreement". Upon receipt of the forms and deposit of your registration fee, your child is pre-registered. If we are unable to accommodate your child in your class choice, you will have the option of selecting another class.

Signature of parent/guardian _____ Date: _____

Teacher Preference: _____

(We cannot guarantee teacher preference)

*** OFFICE USE***

Date received: ____/____/____ Fee Paid: _____ Check #: _____ Class Schedule _____

PROGRAM CHOICE

2 DAY

T/TH

____ 9:00 – 11:30 a.m.

____ 12:30 – 3:00 p.m.

3 DAY

M/W/F

____ 9:00 – 11:30 a.m.

____ 12:30 – 3:00 p.m.

4 DAY

M/T/W/TH

____ 9:00 – 11:30 a.m.

____ 12:30 – 3:00 p.m.

5 DAY

M thru F

____ 9:00 – 11:30 a.m.

KINDERGARTEN

M thru F

____ 12:30 – 3:15 p.m.

PDO (one - two days)

____ M 9:00 – 1:30 p.m.

____ T 9:00 – 1:30 p.m.

____ W 9:00 – 1:30 p.m.

____ Th 9:00 – 1:30 p.m.

____ F 9:00 – 1:30 p.m.