



## 2021-2022 Preschool Registration Form

I hereby deposit a non-refundable **Registration Fee of \$50.00** (\$40.00 if before March 30, 2021) to guarantee registration of (Child's Name) \_\_\_\_\_ at Little Lights Preschool at WMC for the 2021-2022 school year. (Checks payable to Little Lights Preschool)

### Little Lights Preschool Class Options

\_\_\_\_\_ **Beginners Class:** Must be 2 years old by October 1, 2021

- Meets every Monday and Wednesday Morning 8:45a.m.- 11:45a.m.
- Monthly Tuition at a rate of \$100.00
- Does not need to be potty-trained

\_\_\_\_\_ **AM Early Learners Class:** Must be 3 years old by August 1, 2021

- Meets every Tuesday and Thursday Morning 8:45a.m.-11:45a.m.
- Monthly Tuition at a rate of \$100.00

\_\_\_\_\_ **PM Early Learners Class:** Must be 3 years old by August 1, 2021

- Meets every Tuesday and Thursday Afternoon 12:15p.m.-2:45p.m.
- Monthly Tuition at a rate of \$95.00

\_\_\_\_\_ **AM Pre-K Class:** Must be 4 years old by August 1, 2021

- Meets every Monday, Wednesday, and Thursday Morning 8:45a.m.-11:45a.m.
- Monthly Tuition at a rate of \$120.00

\_\_\_\_\_ **All Day Pre-K Class:** Must be 4 years old by March 30, 2021

- Meets every Monday, Tuesday, and Thursday 8:45a.m.-2:45p.m.
- Monthly Tuition at a rate of \$200.00
- Will need to bring a packed lunch daily

*\*\* Financial Assistance is available to those who qualify, please contact the Director for an application. \*\**

*\*All Financial Assistance applications must be completed by July 23, 2021\**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**School begins on Monday August 23, 2021**

**\* Additional class options may be added**

Student's Name: \_\_\_\_\_

Name by which child is called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Child Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other\*

\* Please explain: \_\_\_\_\_

Please list siblings: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

Any other family members living with child? \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Home Church: \_\_\_\_\_

Daytime Childcare Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any other information you feel the preschool should be aware of to better work and understand your child. (Including Allergies) \_\_\_\_\_

Questions: (260)632-4615 or Email [alison@woodburnmc.org](mailto:alison@woodburnmc.org)

Please make checks payable to: Little Lights Preschool

Mail Registration form to: Woodburn Missionary Church Attn: Little Lights Preschool

5108 Bull Rapids Rd PO Box 431 Woodburn, IN 46797

