



2019-2020 Preschool Registration Form

I hereby deposit a non-refundable **Registration Fee of \$50.00** (\$40.00 if before March 30, 2019) to guarantee registration of (Child's Name) _____

at Little Lights Preschool at WMC for the 2019-2020 school year. (Checks payable to Little Lights Preschool)

Little Lights Preschool Class Options

_____ **Beginners Class:** Must be 2 years old by October 1, 2019

- Meets every Monday and Wednesday Morning 8:45a.m.- 11:45a.m.
- Monthly Tuition at a rate of \$95.00
- Does not need to be potty-trained

_____ **AM Early Learners Class:** Must be 3 years old by August 1, 2019

- Meets every Tuesday and Thursday Morning 8:45a.m.-11:45a.m.
- Monthly Tuition at a rate of \$95.00

_____ **PM Early Learners Class:** Must be 3 years old by August 1, 2019

- Meets every Tuesday and Thursday Afternoon 12:15p.m.-2:45p.m.
- Monthly Tuition at a rate of \$90.00

_____ **AM Pre-K Class:** Must be 4 years old by August 1, 2019

- Meets every Monday, Wednesday, and Thursday Morning 8:45a.m.-11:45a.m.
- Monthly Tuition at a rate of \$110.00

_____ **PM Pre-K Class:** Must be 4 years old by August 1, 2019

- Meets every Monday, Tuesday, and Thursday Afternoon 12:15p.m.-2:45p.m.
- Monthly Tuition at a rate of \$100.00

_____ **All Day Pre-K Class:** Must be 4 years old by March 30, 2019

- Meets every Monday, Tuesday, and Thursday 8:45a.m.-2:45p.m.
- Monthly Tuition at a rate of \$185.00
- Will need to bring a packed lunch daily

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

Student's Name: _____ **Date:** _____

Date of Birth: _____ **Phone #:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

School begins on Monday August 26, 2019

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

Please make checks payable to: Little Lights Preschool

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

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