

# LITTLE FRIENDS PRESCHOOL

[littlefriends@mountbethelchurch.org](mailto:littlefriends@mountbethelchurch.org)

570-897-7797

## APPLICATION FORM

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Applying For: 3 Year Old Class \_\_\_\_\_ Tuesday, Thursday 9:00 - 11:30 AM  
4 Year Old Class \_\_\_\_\_ Monday, Wednesday, Friday 9:00 - 12 Noon

*\*Acceptance to Little Friends Preschool Is Determined on a First Come First Serve Basis.\**

Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Names and Birth Dates of Siblings \_\_\_\_\_  
\_\_\_\_\_

List Other Adults or Children in the Home and Relationship to the Child \_\_\_\_\_  
\_\_\_\_\_

Please Describe Any Special Needs or Concerns of which the Teacher Should be Aware \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the religious preference for the child? \_\_\_\_\_

How did you learn of Little Friends Preschool? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to send your child to our school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_