

LITTLE FRIENDS PRESCHOOL

570-897-7797

littlefriends@mountbethelchurch.org

APPLICATION FORM

Date _____

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 School Determined On First Come First Serve Basis.

Age _____ Date Of Birth _____ Sex _____

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? _____

