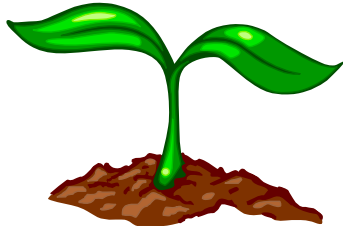


# Little Sprouts Preschool



*A Ministry of Conway Alliance Church*

1100 Hiland Ave.  
Conway, PA  
724-242-5377

## 2018-2019 Preschool Application

**Child's Name** \_\_\_\_\_  
Nickname (if any) \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Male/Female \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Please indicate session.**

**3 year olds, Tuesday-Thursday**

\_\_\_\_\_ 9:00–11:30 a.m.  
\_\_\_\_\_ 12:30–3:00 p.m.

**4–5 year olds, Monday-Wednesday-Friday**

\_\_\_\_\_ 9:00–11:30 a.m.  
\_\_\_\_\_ 12:30–3:00 p.m.

If there are not enough students to justify an afternoon class, all students will be enrolled in the morning class.

**Father's Name** \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_

For your child's safety and protection, please list any family situations that we should know about (e.g., custody issues, etc.).

\_\_\_\_\_  
\_\_\_\_\_

**In case of emergency**, please list a person to call if parents are unavailable.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

Please list other household members, relationship to child, and ages of brothers and sisters.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Information**

Are immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please provide child’s current immunization records.)

Allergies \_\_\_\_\_  
\_\_\_\_\_

Medical conditions \_\_\_\_\_  
\_\_\_\_\_

Special academic needs \_\_\_\_\_  
\_\_\_\_\_

Please list anything that will help us better understand your child (e.g., habits; temperaments; recent births, deaths, or family moves). \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Little Sprouts Preschool? \_\_\_\_\_

Monthly Tuition 3 year olds: \$100 4-5 year olds: \$115

**Application Instructions**

Please print, sign, and submit this **completed application form** and **child’s immunization records** with a \$25 (non-refundable) **registration fee** to

Dawn Greene  
Little Sprouts Preschool  
Conway Alliance Church  
1100 Hiland Ave.  
Conway, PA 15027

Please make checks payable to  
**Conway Alliance Church**

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Conway Alliance Church’s Little Sprouts Preschool admits students of any race, color, and/or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and/or national or ethnic origin in administration of its policies and school-administered programs.