

TINY TIMBERS CHRISTIAN PRESCHOOL APPLICATION FORM 2026/2027

Application Date: _____

Preferred Class (circle one):

MWF 9:00-11:45 MWF Extended Day 9:00-2:30

TTH (4 year olds) 9:00-2:30

TTH (3 year olds) 9:15-11:45

Tuesday/Thursday Class (3 year olds)

-Child must be age 3 by August 31st 2025
-Child must be fully toilet trained and independent in the bathroom prior to the first day of school
-Child must be fully immunized according to the CDC recommendations (not including COVID or FLU vaccinations).
If the child is not immunized because of medical or religious reasons, a Tiny Timbers Immunization Exemption Form must be filled out and submitted.

-Child must be age 3 by August 31st 2025
-Child must be fully toilet trained and independent in the bathroom prior to the first day of school
-Child must be fully immunized according to the CDC recommendations (not including COVID or FLU vaccinations).
If the child is not immunized because of medical or religious reasons, a Tiny Timbers Immunization Exemption Form must be filled out and submitted.

Class Requirements

Monday/Wednesday/Friday Class and Tuesday/Thursday Class (4 year olds)

-Child must be age 4 by August 31st 2025
-Child must be fully toilet trained and independent in the bathroom prior to the first day of school
-Child must be fully immunized according to the CDC recommendations (not including COVID or FLU vaccinations).
If the child is not immunized because of medical or religious reasons, a Tiny Timbers Immunization Exemption Form must be filled out and submitted.

Tiny Timbers Christian Preschool reserves the right to determine if we can accommodate the needs of the child based on the information shared in this application.

Please complete entire form (all pages, front & back).

The registration fee is \$50.00 until the first Friday in April. After this day, the registration fee will be \$60.00. The registration fee is due at the time of registration and is non-refundable. If the application is not accepted, the registration fee will be reimbursed.

PLEASE PRINT

Child's Full Name: _____

Last

First

Middle

Nickname

Please write your child's name as you would like them to practice writing it: _____

Male or female (circle one) Birth Date: _____ Child's age as of August 31, 2025 _____

Is your child toilet trained now? yes _____ no _____

Are your child's immunizations up to date as of now (not COVID or FLU)? yes _____ no _____

Address: _____

Home Phone: _____ Mother's/Guardian's Cell Phone: _____

Email: _____ Father's /Guardian's Cell Phone: _____

With whom does the child reside: _____ Both Parents _____ Mother Only _____ Father Only _____ Other

Father/Guardian: _____

Employer: _____

Mother/Guardian: _____

Employer: _____

Sibling's names and ages _____

Family's church affiliation: _____ Primary language spoken at home: _____

Social and Emotional Development

	Not yet	With support	Most of the time	always
Able to identify emotions in self				
Able to identify emotions in others				
Demonstrates affection and empathy toward others				
Refrains from aggressive behaviors toward others				
Able to self-soothe when upset or overwhelmed				
Exhibits impulse control (e.g., uses appropriate words to show anger when a toy is taken)				
Able to resolve conflict with other children				
Shows interest in being part of a group				
Able to follow simple directions				
Able to easily transition from one place to another				
Cooperates with peers during play				

Are there any concerns you have regarding your child's development? _____

Please list any past injuries or serious illness & age occurred:

Please list any health conditions your child currently has (allergies, asthma, hearing or sight loss, speech challenges, etc.)

Does your child receive any medications to treat any health conditions listed above? Yes _____ no _____

If yes, will your child need to bring this medication to school? _____

*Please note: Tiny Timbers Staff does not administer medications, with the exception of inhalers

Does your child have any early intervention needs (Diagnosed or suspected) (ADD, ADHD, Autism, etc.)?

Yes _____ no _____ If yes, please explain: _____

Are you currently working with IU 13 or similar services for your child? Yes _____ no _____

If no, would you like to receive support from IU 13 or similar services? Yes _____ no _____

Has your child had previous Preschool experience? _____ If so, where? _____

How would you describe your child by nature?

Friendly Shy Aggressive Withdrawn Other: _____

Does your child often have difficulty separating from you? _____

How often does your child stay with a caregiver? _____

What goals do you have for your child at Preschool this year: _____

What dreams do you have for your child? _____

Names of other children who attended Tiny Timbers Christian Preschool in previous years: _____

How did you hear about our school? _____

Who will usually bring your child to and from Preschool? _____

What are some of your child's favorite things? _____

A FREE Tiny Timbers T-shirt for **newly enrolled first year Tiny Timbers students** will be given out at the beginning of the year. The color is green with letters & school logo printed in white. These are worn on certain school days & field trips.

Please mark child's size:

Youth XS Youth S Youth M

A class list will be given to other families in your child's class. Please check what information you are giving permission to share & include on this class list.

Parent's/Guardian's names Address Email address Phone number

Please share ONLY my child's name on the class list. DO NOT share parent's/guardian's name, address, email address, or phone number.

PLEASE EMAIL THE DIRECTOR (director@westgreentree.org) ASAP IF YOUR ADDRESS, PHONE NUMBER OR EMAIL ADDRESS CHANGES.

Print Name: _____

SIGNATURE: _____ DATE: _____

Updated 1/3/26

Office Use:

Date Received: _____ Registration Fee Paid: Y N Amount: _____ Venmo/Cash/Check #: _____

Application accepted: yes no

If no, the reason is: _____