



**2023-2024 Preschool Application**

**Session Preference**

The classes will be filled on a first come first serve basis and will be limited to 15 students per class. Waiting lists will be available.

\_\_\_\_\_ Morning Session (Tuesday, Wednesday, Thursday, 8:30AM-11:00AM)

\_\_\_\_\_ Afternoon Session (Tuesday, Wednesday, Thursday, 12:00PM-2:30PM)

\_\_\_\_\_ No Preference

**Student Information**

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

Child's Name Used \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_  
(This is the name that the preschooler will work on writing and spelling.)

\*Child must be 4 on or before October 31st to be accepted into this preschool.

\*\*Child must be potty trained.

**Parent/Guardian Information**

Father/Guardian Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother/Guardian Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Child lives with (circle): Father   Mother   Both   Other: \_\_\_\_\_

**Emergency Information**

In case of emergency, who should be contacted (**in Kearney**) if the parent/guardian is unavailable?

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

Other Children Living at Home		
Name	Birthday	School Attending

**Pick-up Release Information**

Adults (18 years of age or older) have permission to pick-up my child from the facility or in the case of illness or emergency. **Please include parents. List in order of preferred contact.**

Name	Phone	Work Phone	Cell Phone	Relationship

**Health Information**

Does your child have any special medical condition that we should be made aware of? If so, please explain: \_\_\_\_\_

Does your child have any allergies? If so, please list: \_\_\_\_\_

Does your child take any special needs or medication that we should be made aware of? If so please list: \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

**Other Information**

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

Do you attend a local church? Yes No If yes, where? \_\_\_\_\_

# Little Beginnings Preschool Parent Permission Form

Please INITIAL each statement below in which you give you preschooler permission:

\_\_\_\_\_ I waive any and/or all claims against Little Beginnings Preschool, Cornerstone Berean Church, and its Staff, Substitutes, Volunteers, Members, and Representatives because of sickness, bodily injury, death, emotional injury, personal injury, or property damage that may be incurred to my preschooler or my preschooler's property in connection with, or incidental to, classroom or outdoor activities, field trips, and events sponsored by them. **(Initials Required for Enrollment)**

\_\_\_\_\_ I hereby give consent to emergency medical treatment for my preschooler to be secured by the designated staff member and/or a licensed medical provider. I understand that I will be immediately notified in the event of an emergency. **(Initials Required for Enrollment)**

\_\_\_\_\_ I give my son/daughter permission to have his/her photograph taken and used for preschool purposes only (art activities, class bulletin boards, preschool DVD's etc.). (Initials Optional)

\_\_\_\_\_ I give my son/daughter permission to participate in the "Super Student" activities and I promise to assist him/her in all areas. (Initials Optional)

\_\_\_\_\_ I give my son/daughter permission to participate in Little Beginnings Preschool Field Trips. I give my son/daughter permission to be transported in his/her car seat. (Initials Optional)

\_\_\_\_\_  
Child's Full Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date