



2024-2025 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 out door 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 PPT's etc.). (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 own car seat. (Initials Optional)

Child's Full Name (Please Print)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date