



# Little Sprouts Preschool

## **A Ministry of Conway Alliance Church**

1100 Hiland Avenue  
Conway, Pa. 15027  
724-242-5377

[www.conwayalliance.org](http://www.conwayalliance.org)

### **2021-2022 Preschool Application**

**Child's Name** \_\_\_\_\_

**Please indicate session:**

Nickname (if any) \_\_\_\_\_

**3 year old class, Tuesday & Thursday**

Birthdate \_\_\_\_\_

\_\_\_ 9:00-11:30 a.m.

Male/Female \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**4-5 year old class, Tuesday-Wednesday-Thursday**

\_\_\_ 9:00-11:30 am

**Father's Name** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parents' 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 the 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.) \_\_\_\_\_

**Prior Preschool (if any) attended:** \_\_\_\_\_

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

**Home School District:** \_\_\_\_\_

**Monthly Tuition:**                      3 year olds: \$105                      4-5 year olds: \$125

**Application Instructions**

Please submit this completed application form and child's immunization records with a \$25 (non-refundable) registration fee to:

Little Sprouts Preschool  
Conway Alliance Church  
1100 Hiland Avenue  
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.

Preschool to submit below

Date Received:

Payment Issued:

If this is a returning child please check here