

## Little Sprouts Preschool

## A Ministry of Conway Alliance Church

1100 Hiland Ave. Conway, Pa. 15027 #724-242-5377 www.conwayalliance.org

## **2024-2025 Preschool Application**

| Child's Name                                  | Please indicate session.                                     |  |
|---|--|--|
| Nickname (if any)<br>Birthdate<br>Male/Female | 3-4 year old class, Tuesday-Thursday 9:00-11:30 a.m.         |  |
| 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   |  |  |
| Email Address                                 | Email Address  |  |
| Occupation                                    | Occupation   |  |
| Employer Address                              | Employer Address   |  |
| Work Phone                                    |  |  |
| Parents' Marital Status                       |  |  |
|   | ase list any family situations that we should know           |  |
|   |  |  |
| In case of emergency, please list a person    | to call if parents are unavailable.                          |  |
| Name  | Relationship   |  |
| Phone   | Address  |  |

| Please list other l                                   | household membe              | ers, relationship to child, and   | ages of brothers and sisters.                           |
|---|------------------------------|---|---|
|   |                              | <del></del>   |   |
|   |                              |   |   |
|   |                              |   |   |
| <b>Health Information</b> Are immunizations Allergies | -                            | No (Please provide your c   | child's current immunization records.                   |
| Medical conditions                                    |                              |   |   |
| Special academic n                                    |                              |   |   |
|   | -                            | etter understand your child (e  | e.g., habits; temperaments; recent                      |
| Prior Preschool (                                     | if any) attended:            |   |   |
| How did you hear                                      | about Little Spro            | uts Preschool?  |   |
| Home School Dist                                      | trict:                       |   |   |
| Monthly Tuition                                       | 3 year olds, \$135           | 4-5 year olds, \$155  |   |
|   |                              | on form and child's immuniza<br>o:  | ation records with a                                    |
|   |                              | Little Sprouts Preschool<br>Conway Alliance Church<br>1100 Hiland Avenue<br>Conway, PA 15027  | Please make checks payable<br>to Conway Alliance Church |
| to all the rights, privileges, p                      | programs, and activities gen | nits students of any race, color, and/or na<br>erally accorded or made available to stud<br>for national or ethnic origin in administrati | dents at the school.                                    |
| and school-administered pr                            |                              | oor canno origin in administrati  | on on the political                                     |
| If this is a returning                                | child please check           | here  |   |