



## Little Blessings Pre-Registration Form 2024/2025

- Complete and return **one form per child** enrolling for the 2024/2025 school year.
- Completion of the pre-registration **DOES NOT** guarantee a spot in any class.
- Return forms to the preschool office or email [littleblessings@parkerumc.org](mailto:littleblessings@parkerumc.org)
- **Hours of Operation: 7:00am-4:00pm**
- **Due Date:**

### Child Information:

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Enrollment Status:

Currently Enrolled

Alumni

Church Member

New to Little Blessings

### Programs:

**Toddlers** (18months, independently walking), **3's** (by 10/1), **Young 4's** (after 10/1), **4's** (by 10/1),

**Young 5's** (by 10/1), **5's** (between 5/1-9/30, m-f only)

	<b>Session Day</b> <i>Check one</i>	<b>Traditional</b> (Max 6 hours or less a day, no break care) <b>or</b> <b>Full-Time</b> (7+ hours per day with break care) <i>Check One</i>	<b>Desired Hours</b>
1st Choice	MWF    TTH    M-F	Traditional                      Full-Time	
2nd Choice	MWF    TTH    M-F	Traditional                      Full-Time	

### Services: Please complete.

My child Currently has an IFSP	My child is receiving other private therapies
My child is receiving private speech services	My child has received a developmental screening.
My child is receiving private PT services	My child has medical needs (allergies, diabetes, etc.)
My child currently has an IEP	My Child has received any of these services prior
My child is receiving OT services	Not Applicable

### Immunization/Health requirements:

I have read the 2024/2025 immunization and health requirements found in the Parent Handbook.

*Initial*