

# Little Sprouts Preschool

## "helping children take root"

## Life rooted in God stands firm. Proverbs 12:3



First Church of God      2020 E Lincolnway, LaPorte IN 46350  
219-362-7433

Class You Wish To Enroll Your Child in: (please check)

<b>PreK Class</b>	_____	4 years old by August 1st	M-Th	9- 11:30 AM
<b>Preschool Class</b>	_____	3 years old by August 1st	T Th	9- 11:30 AM
<b>Preschool Class</b>		3 years old by August 1st	M W	9- 11:30 AM

**Commitment Fee:** \$100 for Pre Kindergarten      \$75 for beginners  
**TUITION IS FREE**

**Please make check payable to:** First Church of God (FCOG). Memo: preschool

Student's Name: \_\_\_\_\_  

First
Last

Prefers to be called:

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Telephone #:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lives with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Marital Status: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

Father's Email:

Mother's Name: \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

Mother's Email:

**Name of Responsible Person(s) (other than the parent) who can be called in case of illness or Emergency if parents cannot be reached:**

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Names and Ages of Brothers and Sisters**

\_\_\_\_\_  
\_\_\_\_\_

Immunization record: Needs to be current on all state required immunizations. Please attach copy of current record.

Additional Health Information: (allergies, medication, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information that you feel we need to know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School where your child will attend Kindergarten: \_\_\_\_\_

