

2772 S Kinnickinnic Ave
Milwaukee, WI 53207
lovingstart@gmail.com

LOVING START PRESCHOOL



Phone (414) 744 - 4036
ext. 2
lovingstartpreschool.org

YEAR _____

Name of Child _____

We would like our child called _____

Date of Birth _____ Sex M _____ F _____

Parent/Guardian

Parent/Guardian

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

E-mail _____

Please select your class preference. We recommend that 2 and 3-year-olds attend 2 or 3 days per week. Those turning 4 in fall or older have the option to attend 3 or more days per week.

_____ Monday & Wednesday morning

_____ add Friday morning class

_____ Tuesday & Thursday morning

_____ 4 days a week, Mon-Thurs

_____ either AM class would be okay

_____ 5 days a week Mon-Fri

_____ I am applying to other schools _____ I am on the waiting list at another school

Do you belong to Bay View United Methodist Church? Yes _____ No _____

A \$50.00 non-refundable application fee must accompany this form. This fee will be returned only if we are not able to accommodate your child. This fee is in addition to the tuition. First month's tuition due by August 1st. Make checks payable to Loving Start Preschool.

Ways to submit application (choose one option):

- 1) E-mail completed application to lovingstart@gmail.com and mail \$50 application fee to address listed in top left corner
- 2) Print and mail completed document and \$50 application fee to address listed in top left corner

Parent signature _____ Date _____