



Bay View United Methodist Church
 Phone: (414) 744-4036 | Fax: (414) 744-4928
 2772 S Kinnickinnic Ave | Milwaukee, WI 53207

Application form for Loving Start Preschool
 Bay View United Methodist Church

Name of Child _____

Would like our child called _____

Date of Birth _____ Sex M _____ F _____

Name of Parent(s) Guardians (s)

Address (if more than one address list both)

Home Phone _____ Cell Phone _____

Work Phone(s) _____ E-mail address _____

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

A \$50.00 (\$20 will be applied towards September tuition) non-refundable application fee must accompany this form. This fee will be returned if your child is not accepted into the program.

This fee is in addition to the tuition.

_____ I prefer the Monday and Wednesday morning class.

_____ I prefer the Tuesday & Thursday morning class

_____ Either class would be okay.

_____ I am interested in Friday morning class also.

_____ I am interested in 4 days a week. Monday - Thursday.

_____ I am interested in 5 days a week.

_____ I am interested in T/Th afternoon class.

 Parent(s) Signature

 Date