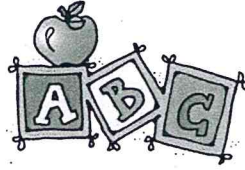


*Little Ones' Preschool*  
*Lakeville United Methodist Church*  
*P.O. Box 24, 610 N. Michigan St.*  
*Lakeville, IN 46536*  
*574-784-8215*



**ENROLLMENT FORM 2024-25**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age as of Aug. 1, 2024: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(If you have a P.O. Box, please also include your street address.)

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

Phone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Acceptance of this enrollment form and the non-refundable registration fee of \$75 assure your child a place in Little Ones' Preschool or Pre-K class. Please read the attached agreement form, sign and return it along with this page. Please contact us if, for some reason, your plans change and your child will not be starting the year with us.

**Please indicate the class you are enrolling your child for:**

\_\_\_\_\_ Preschool 3 yr.-old class offered Mon. and Wed., 9:30-12:00  
We will fill this time slot before opening a Tues./Thurs. session.

\_\_\_\_\_ Pre-K 4 yr.-old classes offered Mon., Tues., and Wed., 9:30-12:00

**Thank you, Carlene Weber, Director**