



Little Ones' Preschool

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

ENROLLMENT FORM 2025-26

Child's Name: _____ Sex: _____

Age as of Aug. 1, 2025 _____ Date of Birth: _____

Address: _____

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

City: _____ State: _____ Zip: _____

Phone: _____ (Mom) _____ (Dad)

Parents' Names: _____

Acceptance of this enrolment form and the non-refundable registration fee of \$75 assures 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.

Indicate here which class you want to enroll your child in:

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

_____ Pre-K 4 yr.- old class offered Mon., Tues., and Wed., 9:30-12:00

Thank you, Carlene Weber, Director