



Preschool Application for Enrollment | 2017-18

Child's Name: _____ Date of Birth: _____ Gender: _____

Parent's Name: _____ Phone # _____

Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Please specify time care is needed each day: _____

Full Time (7:30 a.m.-6:00 p.m.) Part Time (7:30 a.m.-1:00 p.m.)

Tuition is **\$115 a week Full time** **\$88 Part time (Sliding scale available)**

Please check here if you are interested in applying for Financial Aid:

If you checked yes for financial, please provide total household members & gross household income:

Reduced slots are provided on a first come first serve basis and must be verified with copies of previous year's tax returns and current pay stubs prior to enrollment of child. Little Wings reserves the right to adjust rates accordingly at any time.

Will you be approved for Social Services funding? _____ yes _____ no

If yes, please attach a copy of your letter of approval.

Case Worker: _____

Date care needed: **Immediately** **Fall 2017** **Summer 2018**

Are you an employee of HumanKind? _____ yes _____ no

Referred by: Family/Friend Child Care Resource Center Website Facebook

Other _____

ATTENTION applicants: There is an application fee of \$25 due at the time you submit the initial application. This is non-refundable.

I understand that this form is an application and does not guarantee enrollment in Little Wings Preschool at the time that I require it.

Signature: _____ Date: _____

Contact:

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