



## Application & Information:

### Application for Admission:

Please print out the following 2 page application.  
Complete the application and mail it to the following address:

Little House Learning Center  
7021 Crider Road  
Suite #206  
Mars Pa, 16046

### Acceptance and Registration Procedures:

We will process the applications based on date received & availability.  
We will send notification regarding acceptance,  
declined enrollment, or wait pool status on **May 8<sup>th</sup>, 2006**.  
Enrollment contracts will be sent out at this time.  
Enrollment is secured by completing the forms and submitting a  
non-refundable deposit of \$50 by **May 22<sup>nd</sup>, 2006**.

If you have any questions or concerns please  
don't hesitate to contact us at: **724-776-5583**

Thank you,  
Jennifer Osterman, *Director*



Application Form
2008 - 2009

Office Use Only
Date Received \_\_\_ / \_\_\_ / \_\_\_
Accepted [ ] Declined [ ]
Notification Sent \_\_\_ / \_\_\_ / \_\_\_

Child's Name Last Middle First Nickname
Boy [ ] Girl [ ] Birth-date: \_\_\_ / \_\_\_ / \_\_\_ Birthplace: \_\_\_\_\_

Parent/Guardian Information:



Name: \_\_\_\_\_
Relationship to child \_\_\_\_\_
Home Address \_\_\_\_\_
City, State Zip \_\_\_\_\_
Home Phone (\_\_\_\_) \_\_\_\_\_
Cellular Phone (\_\_\_\_) \_\_\_\_\_
E-Mail \_\_\_\_\_
Occupation \_\_\_\_\_
Employer \_\_\_\_\_
Business Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Business Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_
Relationship to child \_\_\_\_\_
Home Address \_\_\_\_\_
City, State Zip \_\_\_\_\_
Home Phone (\_\_\_\_) \_\_\_\_\_
Cellular Phone (\_\_\_\_) \_\_\_\_\_
E-Mail \_\_\_\_\_
Occupation \_\_\_\_\_
Employer \_\_\_\_\_
Business Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Business Phone (\_\_\_\_) \_\_\_\_\_

Please Circle: Married Divorced Remarried Widowed Other \_\_\_\_\_

Please explain the family pattern if the child does not live with both biological parents in one household. You may include information about adoption, foster care, guardianship, etc. If the child is adopted is he/she aware of the adoption?

\_\_\_\_\_
\_\_\_\_\_

Please list other children in the family starting with the eldest:

Table with 4 columns: Name, Date of Birth, Present School, Grade. Includes three rows for data entry.

**Applying for enrollment in the following Program:**

*Check only those that apply:*

- Infant: 6wks – 12mths
- Pre-Toddler: 13mths – 24mths
- Toddler: 25mths – 36mths
- Preschool: 37mths – Kindergarten
- School Age

- First opening possible
- June 20\_\_\_\_
- September 20\_\_\_\_
- Other \_\_\_\_\_

**Full Day Child Care/ Preschool Program**

**Heart Of The House Preschool Program (9am-3pm)**

**Half Day Preschool Program (9am – 12pm)**

- 5 days/week
- 4 days/week
- 3 days/week
- 2 days/week

- 5 days/week
- 3 days/week M, W, F
- 2 days/week T, Th

- 5 days/week
- 3 days/week M, W, F
- 2 days/week T, Th
- 2 days/week M, W (Toddler Only)

*If selecting the Full Day Enrollment please check the days you are most interested in:*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**School-Age**

- 5 days – Before & After School
- 5 days – Before OR After school
- 5 days - Before & After Kindergarten
- 5 days – After Kindergarten

**Flex-Time**

- Varying Days and times: Call for availability

**Comment on your child’s;**

Favorite toys / Activities \_\_\_\_\_

\_\_\_\_\_

Specific dislikes / Fears \_\_\_\_\_

\_\_\_\_\_

Food allergies / Eating habits \_\_\_\_\_

\_\_\_\_\_

Special Needs / Challenges \_\_\_\_\_

(If applicable)

\_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_