



2026-2027 Preschool Registration Form

I hereby deposit a non-refundable **Registration Fee of \$65.00** (check or cash only) to guarantee registration of my child at Little Lights Preschool at WMC for the 2026-2027 school year.

(Checks payable to Little Lights Preschool)

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Parent Signature: _____ Date: _____

Little Lights Preschool Class Options

_____ **Beginners Class:** Must be 2 years old by October 1, 2026

- Meets every Monday and Wednesday Morning 8:45a.m.- 11:45a.m.
- Monthly Tuition at a rate of \$125.00
- Does not need to be potty-trained

_____ **AM Early Learners Class:** Must be 3 years old by August 1, 2026

- Meets every Tuesday and Thursday Morning 8:45a.m.-11:45a.m.
- Monthly Tuition at a rate of \$125.00

_____ **AM Pre-K Class:** Must be 4 years old by August 1, 2026

- Meets every Monday, Wednesday, and Thursday Morning 8:45a.m.-11:45a.m.
- Monthly Tuition at a rate of \$140.00

_____ **All Day Pre-K Class:** Must be 4 years old by March 30, 2026*

- Meets every Monday, Tuesday, and Thursday 8:45a.m.-2:30p.m.
- Monthly Tuition at a rate of \$225.00
- Will need to bring a packed lunch daily

_____ **Extended Day Option on Tuesday & Thursday**

- 11:45am-2:30pm
- Monthly rate of \$50.00
- Will need to bring a packed lunch daily

**** Financial Assistance is available to those who qualify, please contact the Director for an application. ****

All Financial Assistance applications must be completed by July 20, 2026

*** Additional class options may be added or changed depending on enrollment***

School begins on Monday August 24, 2026

Student's Name: _____

Date of Birth: _____ Present Age: _____ Sex: _____

Mailing Address: _____

PO Box: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Parent Email Address: _____

Child Lives with: _____ Both Parents _____ Mother Only _____ Father Only _____ Other*

* Please explain: _____

Please list siblings: _____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

Any other family members living with child? _____

Child's Doctor: _____ Phone: _____

Home Church: _____

Daytime Childcare Provider: _____

Please list any other information you feel the preschool should be aware of to better work and understand your child. (Including Allergies) _____

Registration is not complete until Registration Fee has been paid

Questions: (260)632-4615 or Email alison@woodburnmc.org

Drop Off Registration Form Monday-Thursday 9:00-3:00 in Main Office

Mail Registration form to: Woodburn Missionary Church Attn: Little Lights Preschool

5108 Bull Rapids Rd PO Box 431 Woodburn, IN 46797