

REAL BEGINNINGS PRESCHOOL APPLICATION

@Real Life Community Church

3134 Swanson Road • Portage, IN 46368 • 219-350-9781 • info@realbeginnings.org

(PLEASE PRINT) (ONE CHILD PER APPLICATION)

Student Name: (First and Last) _____

Gender: _____ Age: (As of August 1, 2026) _____ Birthdate _____

Address: _____

City: _____ Zip: _____

Parent #1/Legal Guardian FULL NAME: _____

Relationship To Child: _____

Email: _____

Work Phone: _____ Cell Phone: _____

Parent #2/Legal Guardian FULL NAME: _____

Relationship To Child: _____

Email: _____

Work Phone: _____ Cell Phone: _____

Backup Emergency Contact: FULL NAME: _____

Relationship To Child: _____

Email: _____

Work Phone: _____ Cell Phone: _____

PICK-UP (names and numbers of those authorized to pick up your child)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

PLEASE LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD

WHICH PROGRAM ARE YOU APPLYING THIS CHILD FOR? (Check one)

_____ 3-4 Year Old Preschool (Tues/Thurs AM \$150 month/\$50 application fee)

_____ 4-5 Year Old Pre-K (Mon/Wed/Fri AM \$200 month/\$50 application fee)

Does your child have allergies, or are there foods he/she should not eat?

Are there any medications your child takes we should be aware of?

Permission to post pictures on social media/flyers/websites: Y / N

Applications are not considered complete unless accompanied by the \$50 application fee. Your application will be reviewed and you will be contacted within two weeks regarding acceptance.

Please make all checks/money orders payable to REAL LIFE COMMUNITY CHURCH

I hereby certify that, to the best of my knowledge, my child is able to participate in all the activities of Real Beginnings Preschool. I understand and agree to the requirements of tuition.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE: Application fee paid: Date: _____ Amount: _____ Ck/Cash: _____

NOTES: