

Little Ones' Preschool
Lakeville United Methodist Church
610 N. Michigan St.
P.O. Box 24
Lakeville, IN 46536
574.784.8215

Enrollment Information

Dear Parents/Guardians,

Enrollment for the **2026 – 2027** preschool year will open to LUMC church families and current preschool families on **February 16th, 2026**. Families in the community and surrounding areas may begin registering on **March 16th, 2026**.

Age Requirements

To enroll your child for the 26 – 27 preschool year:

Preschool (3/4's Class): Your child must be 3 years old by August 1, 2026.

Pre-Kindergarten (4/5's Class): Your child must be 4 years old by August 1, 2026 .

All children must be fully potty-trained by August 1, 2026. No diapers or pull -ups.

How to Register

Please complete and return the following:

Enrollment Form

Fee Agreement Form

Return both forms to the church office along with the \$75 non-refundable registration fee.

Payment Methods: Cash or check only. Please make all checks payable to Lakeville UMC.

Health Form

A Health Form must be completed and signed by your child's doctor/pediatrician before school begins if your child did not attend Little Ones' Preschool last year. This form may be turned in at the September Open House.

Registration Submission

You may submit your registration in one of the following ways:

By Mail: Attn: Little Ones' Preschool
 Lakeville United Methodist Church
 610 N. Michigan St.
 P.O. Box 24
 Lakeville, IN 46536

In Person:

Drop off at the church office, Monday-Thursday, 8:00 a.m.-12:00 p.m.

Tuition

3/4's Preschool: \$100 per month (2 days per week)

4/5's Pre-Kindergarten: \$175 per month (4 days per week)

Please note: We are unable to offer sibling or multi-child discounts.

Questions?

If you have any questions or concerns, please contact:

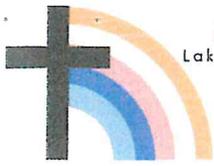
Mrs. Erika Balmer: 574-323-1836,

Ms. Kaitlin Kaiser: 574-387-1995,

Mrs. Alex Taelman: 858-722-3826, or

littleonespreschool1978@gmail.com

We look forward to welcoming your family to Little Ones' Preschool!



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PRESCHOOL FEES AGREEMENT

I understand that the registration fee is \$75.00 and is non-refundable.

I understand that the tuition for the **2-day-per-week 3/4-year-old preschool class is \$900.00 per school year, divided into nine (9) monthly payments of \$100.00 each.**

Payments are due on the first school day of each month, September through May.

I understand that the tuition for the **4/5-year-old Pre-K class, which meets four days per week, is \$1,575.00 per school year, divided into nine (9) monthly payments of \$175.00 each.** Payments are due on the first school day of each month, September through May.

I understand that the tuition amounts stated above may be reviewed and increased slightly at the end of the current school year based on the preschool's budget. I will be notified in advance of September if any fee increase occurs.

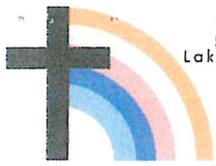
If I experience difficulty making a payment on time, I agree to communicate with the preschool before the end of the month. I understand that, if necessary, alternative payment arrangements may be made with the preschool to meet my financial obligations.

I understand that for my child to begin each new month of school, the current month's tuition must be paid in full, unless other arrangements have been agreed upon in advance. If payment is not up to date, I understand that I may be required to keep my child home until the account is current.

I have read and agree to abide by this policy and honor this enrollment as described above. If I need to withdraw my child from the program, I agree to provide two (2) weeks' written notice or payment in lieu of notice.

Parent/Guardian Signature:

Date:



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ENROLLMENT FORM

OPEN HOUSE: WED. SEPT. 2ND
FIRST DAY OF SCHOOL: TUES. SEPT. 8TH OR WED. SEPT. 9TH

Child's Name: _____ Sex: _____

Age as of August 1st, 2026: _____ Date of Birth: _____

Address: _____
 (If you a P.O. Box, please also include you street address.)

City: _____ State: _____ Zip Code: _____

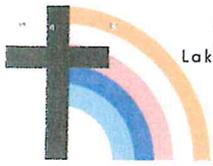
Phone: _____
 Parent 1 Parent 2

Parents' Names: _____
 Parent 1 Parent 2

Submission of this form and the \$75 non-refundable registration fee secures your child's placement at Little Ones' Preschool on a first-come, first-served basis. Please sign and return the attached Agreement Form along with this page. If your plans change, kindly notify us as soon as possible.

Please indicate the class you are enrolling your child for:

- Preschool 3+4 year olds class: Mon and Wed. 9:30-12. We will fill this time slot before opening a Tues/ Thurs. session.
- Pre-Kindergarten 4+5 year olds class: Mon., Tues., Wed., and Thurs. 9:30-12.



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HEALTH FORM

Child's Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____

Parent 1

Parent 2

Parents' Names: _____

Parent 1

Parent 2

Medical History

To be filled out by parent

Has your child ever been seriously ill? No Yes, please briefly explain below

Does your child have allergies? No Yes, please list below

Does your child hear well? Yes No, please briefly explain below

Does your child have any visual challenges? No Yes, please briefly explain below

Has your child have any childhood diseases? No Yes, please briefly explain below

Physical Conditions

To be filled out by physician and signed

What is the child's general physical conditioner?

Are all immunizations up to date? No Yes, please attach immunization record to this form.

Is there any special situation of which the school should be aware?

SIGNATURE: _____

DATE: _____