



Located in Shalom Lutheran Church

1740 E M-36  
Pinckney, MI 48169

Phone: 734-878-3301  
Fax: 734-878-6026

Website: [www.lotwmp.org](http://www.lotwmp.org)

## Admission Application

## 2021 – 2022 Academic Year

Last Name	First Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Preferred Name or Nickname (will appear on all LOTWMP documentation)		
Address	City	State	Zip
Home Phone	Alternate Phone	E-mail Address	
Name of Current School	School District Residence is Located		

## Parent/Guardian Information

**1**

Last Name	First Name	Relationship to Applicant	
Address <input type="checkbox"/> same as above	City	State	Zip
Employer Name	Business Phone	Cell Phone	

**2**

Last Name	First Name	Relationship to Applicant	
Address <input type="checkbox"/> same as above	City	State	Zip
Employer Name	Business Phone	Cell Phone	

## Health Information

Are there any serious health concerns or learning disabilities of which we should be aware? If so, please explain.

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Does the applicant have any allergies or need special medications? If yes, please explain.

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Has your child been tested for?:  Speech/Hearing  Psychological/Educational  Neurological Evaluation  
 Visual Examination  Learning Disabled  Gifted/Talented

If yes, please explain: \_\_\_\_\_

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Does your child take daily naps?  Yes  No

Is your child potty-trained?  Yes  No

Additional comments: \_\_\_\_\_

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

**Program Schedule** Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices from the following options only.

**Preschool**  
ages 3 to 5

- 5 Full Days
- 5 Mornings
- 5 Afternoons
- M-W-F Full Days
- M-W-F Morning
- M-W-F Afternoons
- T-Th Full Days
- T-Th Mornings
- T-Th Afternoons

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

*Light of the World Academy Montessori Preschool admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made to students of this program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and other school-administered programs.*

**For Office Use Only**

Date Received: \_\_\_\_\_

Application Fee	Tuition Deposit	SMART Fee
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**Required Forms**

- Emergency Card
- Health Appraisal
- Immunization Records
- Smart Application (if making monthly payments)
- School Policies Form

Comments: \_\_\_\_\_

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