

Dear Parents,

Attached is the application for the Blacklick Community United Methodist Church Lil' Sunshine Bunch Preschool for the upcoming 2015-2016 school year. This is the fifth year for the program. Our goal is to provide an introduction to a school environment while upholding Christian values. We plan to introduce fundamental concepts including letters, shapes, numbers, colors, and other skills to prepare students for kindergarten. This year Jess Rodkey and Nancy Rodkey will be providing the instruction and care for the students. They are excited and are looking forward to the opportunity to work with your children.

Enrollment is limited so please submit your application as soon as possible. If you know of other families who may be interested in our program please have them contact one of our teachers for more information.

Thanks for your interest and God bless.

Jess Rodkey Nancy Rodkey ☺

\*Orientation will be held in late August for both the students and parents. More information to come soon. ☺ If you have any questions, please call Miss Nancy at 814-446-5913 or Miss Jess at 724-464-7847. ☺

BCUMC Lil' Sonshine Bunch Preschool Program 2015-2016 Application Form

Child's Full Name Male      Female

Name to be used in school Birth Date

Address Zip Code

Home Phone Number Cell number

School District

Class Days: Tuesdays and Thursdays 9:30-12:15 pm Cost \$80.00. All snacks are included.

Please make checks payable to: **BCUMC Preschool** We are requiring a \$25.00 non-refundable deposit to reserve your child's spot. Enrollment is on a first come first serve basis.

Please complete and return to: Jess Rodkey 1350 Bracken Road Vintondale, Pa 15961

Nancy Rodkey 1333 Bracken Road Vintondale, Pa 15961

Father's Name Phone # Place of Employment (Below)  
Mother's Name Phone # Place of Employment (Below)

Please list 2 contacts in case of emergency:

Name Relationship Phone Number  
Name Relationship Phone Number

Please list individuals who will be picking up your child from school:

Name Relationship  
Name Relationship  
Name Relationship

**Please list any allergies that your child may have here:**

Please list any fears that your child may have here:

Please list your child's favorite food here: Please list any special talents or interests that your child may have here and if there is anything else that you would like us to know about your child here:

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Immunization Record Child's Name

Parent's Name

Diphtheria Pertussis Tetanus 1) 2) 3)

Boosters: 1) 2) 3)

Oral Polio 1) 2) 3)

Boosters: 1) 2) 3)

Measels Mumps Rubella Tubercullin Test

One major way we communicate with parents, is via text. Please indicate below if you would like to receive texts from the teachers regarding special events or cancellations.

Name:

Cell # to be texted

We also have a Facebook page in which we use. If you permit your child to have their photo taken and periodically be placed on our page, please sign below.

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