

First United Methodist Church  
“**Petite Academy**”  
Preschool for Two's and Three's

**Mission Statement:** To provide acclimation to the classroom setting in a Christian environment.

We are a nonprofit Christian community preschool. We welcome each child with Christian love and concern and we treat each child as a unique child of God. We hope this environment will build feelings of self-worth and self-confidence and that these attitudes will serve our children all of their lives.

Our curriculum is based on activities which are developmentally appropriate for two and three year old children. Efforts are made to provide ways in which the children can grow spiritually, physically, socially, emotionally and cognitively.

Opportunities are made for developing large and small muscle motor skills and many opportunities are provided for stimulating language and building social skills. Learning to listen and learning to follow directions are essential to successful participation in the program.

Children are naturally curious and eager to learn. Nurturing the whole child is basic to our educational vision. We strive to provide an environment in which each child continues to love learning and looks forward to a lifetime of educational opportunities.

*"Train a child in the way  
he should go, and when he is old  
he will not turn from it." Proverbs 22:11*

First United Methodist Church  
"Petite Academy"

Preschool for Two's & Three's  
207 E Second Street; Sheridan, IN 46069  
317-758-4195

Kim DeVaney, Education Director

Check One Please:

- Two Year Class:  
Mon & Wed 8:45-10:45
- Three Year Class:  
Mon & Wed 11:45-2:15

Academic year applying for: 20\_\_ - 20\_\_

For TWO YR CLASS: CHILD MUST BE 2 AS OF AUGUST 1<sup>ST</sup>  
For THREE YR CLASS: CHILD MUST BE 3 AS OF AUGUST 1<sup>ST</sup>

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Female  Male Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Guardian (if different from above) \_\_\_\_\_

Siblings

Name: \_\_\_\_\_ F M Age: \_\_\_\_\_ Name: \_\_\_\_\_ F M Age: \_\_\_\_\_

Name: \_\_\_\_\_ F M Age: \_\_\_\_\_ Name: \_\_\_\_\_ F M Age: \_\_\_\_\_

Name: \_\_\_\_\_ F M Age: \_\_\_\_\_ Name: \_\_\_\_\_ F M Age: \_\_\_\_\_

Allergies (food, insects, etc.): \_\_\_\_\_

Health Issues (asthma, etc.): \_\_\_\_\_

PLEASE MAIL THE COMPLETED APPLICATION TO THE ADDRESS ABOVE

I have read and agree to abide by the attached "Petite Academy" Policy of Enrollment and Withdraw.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A NON-REFUNDABLE ENROLLMENT FEE OF \$40 IS DUE UPON THE TIME OF ENROLLMENT.