



We Make Kids Shine

Preschool Program Application for Admission

Applicant

Full Name of Applicant: _____ Birth date _____

Home address: _____

City/State/Zip: _____

Telephone: _____

MOTHER OR FEMALE GUARDIAN

First Name: _____ Last Name: _____

Home Address, if different from above: _____

Emergency telephone: _____

FATHER OR MALE GUARDIAN

First Name: _____ Last Name: _____

Home Address, if different from above: _____

Emergency telephone: _____

School(s) previously attended by applicant, and year attended: _____

Are there any special health or educational needs of which we should be aware? _____

Applicant's prior language experience, if any: _____

22 Purdy Avenue, Rye, NY 10580

info@languageleague.com

(914) 921-9075

www.languageleague.com

If you speak the second language, how often would you be willing to assist in your child's classroom? _____

How would you support your child's learning in the second language when he/she is not at the LLL? _____

Check any of the items below that you can describe to a friend:

_____ Reggio Emilia

_____ Montessori

_____ The developmental value of play

_____ The value of second
language learning

_____ The theory of multiple intelligences

Please return this form with a \$50 application fee to:

The Little Language League

22 Purdy Ave.

Rye, New York 10580

The undersigned agree that the information furnished on the Application for Admission together with all information and materials of any kind received by The Little Language League Preschool shall be considered confidential and shall not be disclosed to anyone, including the candidate and the candidate's family.

Signature of Parents or Guardians:

Mother: _____

Father: _____

**The Little Language League is committed to admitting children of any race,
color, nationality, ethnic origin and religion.**

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