

Learning Together Academy

Preschool Interest Questionnaire

(Please circle the option that you are interested in)

I am interested in the following Preschool/Pre-K Session:

| | |
|-------------------------|-------------------|
| Monday/Wednesday/Friday | Full Day/Half Day |
| Tuesday/Thursday | Full Day/Half Day |
| Monday-Friday | Full Day/Half Day |

I would like for my child to start Preschool:

Summer Session/Fall Session/Spring Session

School Year my child would attend:

2025-2026 2026-2027 2027-2028

My child would attend during the Summer as well as the school year: Yes/No

Previous type of program child attended:

Center Based Home Based Faith Based

How were you referred to Learning Together Academy?

Friend Website Sign On-line Advertisement Google Facebook

Child's name: _____

Child's birthday: _____

Parent's name: _____

Email Address: _____

Phone Number: _____