

**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:** \_\_\_\_\_