

# LITTLE LAMBS PRESCHOOL

Of IMMANUEL LUTHERAN CHURCH

For the 2011– 2012 School Year

Application for Admission—Please complete both sides.

Circle the program for which you are enrolling your child:

3-Year-Old  
Monday, Wednesday  
9:00 a.m.—12:00 p.m.  
\$100 per month

4-Year-Old  
Monday, Wednesday, Friday  
9:00 a.m.—12:00 p.m.  
\$130 per month

Combo 3 & 4-Year-Olds  
Morning  
Tuesday, Thursday A.M.  
9:00 a.m.—12:00 p.m.  
\$100 per month

3-Year-Old  
Tuesday, Thursday  
9:00 a.m.—12:00 p.m.  
\$100 per month

4-Year-Old  
Tuesday, Thursday  
9:00 a.m.—12:00 p.m.  
\$100 per month

Combo 3 & 4-Year-Olds  
Afternoon  
Tuesday, Thursday P.M.  
12:45 p.m.—3:45 p.m.  
\$100 per month

Student's Name: \_\_\_\_\_

Name to be called at school: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

## Parent/Legal Guardian

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Parent/Legal Guardian

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Brothers and sisters of student:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you find out about *Little Lambs Preschool*?

Why did you choose to enroll your child in *Little Lambs Preschool*?

How do you expect *Little Lambs Preschool* to benefit your child?

Has your child had any previous experience with a supervised group?

Comments:

What is your child's hand preference? \_\_\_\_\_

Does your child have any allergies? (circle one) **Yes** **No** If yes, please explain:

Is your child on any medication? (circle one) **Yes** **No** If yes, please explain:

Has your child had any hearing loss, tubes, etc.? (circle one) **Yes** **No**

If yes, please explain:

Has your child had any vision loss, corrections, etc.? (circle one) **Yes** **No**

If yes, please explain:

Does your child have any special needs of which we should be aware? (circle one) **Yes** **No**

If yes, please explain:

***Below this line for Office use Only***

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Date & Time Application Received: \_\_\_\_\_ Ck #. \_\_\_\_\_ By \_\_\_\_\_

Date & Time \$40 Reg. Fee Received : \_\_\_\_\_ Ck # \_\_\_\_\_ By \_\_\_\_\_

Date & Time May 2011 Tuition Payment Received \_\_\_\_\_ By \_\_\_\_\_

Date of Computer Entry: \_\_\_\_\_ By: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_