

LITTLE LAMBS PRESCHOOL

Of IMMANUEL LUTHERAN CHURCH

Application for Admission—Please complete both sides.

Circle the program for which you are enrolling your child:

4-Year-Olds

Monday, Wednesday, Friday
9:00 a.m.—12:00 p.m.
\$120 per month

Tuesday, Thursday
9:00 a.m.—12:00 p.m.
\$95 per month

3-Year-Olds

Monday, Wednesday
9:00 a.m.—12:00 p.m.
\$95 per month

Tuesday, Thursday
9:00 a.m.—12:00 p.m.
\$95 per month

Combo 3 & 4-Year-Olds

Morning
Tuesday, Thursday A.M.
9:00 a.m.—12:00 p.m.
\$95 per month

Combo 3 & 4-Year-Olds

Afternoon
Tuesday, Thursday P.M.
12:45 p.m.—3:45 p.m.

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: _____

E-mail Address: _____

Parent/Legal Guardian

Name: _____ Relationship to Child: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

E-Mail Address: _____

Brothers and sisters of student:

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

Date & Time Application Received: _____ By _____

Date & Time \$40 Registration Fee Received : _____ By _____

Date & Time May 2011 Tuition Payment Received _____ By _____

Date of Admission: _____ Date of Discharge: _____