

LITTLE LAMBS PRESCHOOL

of IMMANUEL LUTHERAN CHURCH

For the 2018–2019 School Year

Application for Admission—Please complete both sides.

Application & registration fee required to hold class spot. (\$45 check or cash) (\$50 credit/debit card)

Indicate your child's birthday and your session choice below. ALL CLASS TIMES ARE 9:00—12:00 noon

_____ My child will be **three-years old by 9/1/18** _____ (date of birth)

_____ Tuesday & Thursday (\$140/\$135*/month)

_____ Monday /Wednesday/Friday (\$180/\$175*/month)

_____ My child will be **four-years-old by 9/1/18** _____ (date of birth)

_____ Tuesday & Thursday (\$140/\$135*/month)

_____ Monday /Wednesday/Friday (\$180/\$175*/month)

_____ Monday—Friday (\$300/\$295*/month)

(*\$5/month discount for electronic debit/ full semester payment)

Student's Name: _____

Name to be called at school: _____ **Sex:** _____

Best Telephone Number To Use _____

Home Address: _____

City _____ **State** _____ **Zip Code** _____

Church Affiliation: _____ **Ethnic Background:** _____

Baptized: (circle) Yes No *If yes, approximate date of Baptism:* _____

Parent/Legal Guardian

Name: _____ **Relationship to Child:** _____

Address: (if different) _____

Home Telephone: _____ **Business Telephone:** _____

Cell Phone: _____ **E-mail Address:** _____

Parent/Legal Guardian

Name: _____ **Relationship to Child:** _____

Address: (if different) _____

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:** _____

Application & registration fee required to hold class spot. (Check or cash—\$45; credit/debit card—\$50)

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

Application Received Date: _____ Time: _____ By: _____

Total Amount Received: \$ _____ Ck# _____ Date: _____ By: _____

\$45 Reg. Fee Received : Ck#: _____ Date: _____ By _____

May 2019 Tuition Amount \$ _____ Date Due: _____ By: _____

Date Paid: _____ Ck # _____ By: _____

Date of Computer Entry: _____ By: _____

Date of Admission: _____ Date of Discharge: _____