

# LITTLE LAMBS PRESCHOOL

of IMMANUEL LUTHERAN CHURCH

For the 2019–2020 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 9/1/19** \_\_\_\_\_ (date of birth)

\_\_\_\_\_ Tuesday & Thursday (\$160/\$145\*/month)  
\_\_\_\_\_ Monday /Wednesday/Friday (\$200/\$185/month)

\_\_\_\_\_ My child will be **four-years-old by 9/1/19** \_\_\_\_\_ (date of birth)

\_\_\_\_\_ Tuesday & Thursday (\$160/\$145\*/month)  
\_\_\_\_\_ Monday /Wednesday/Friday (\$200/\$185\*/month)  
\_\_\_\_\_ Monday—Friday (\$320/\$305\*/month)

(\*\$15/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:** \_\_\_\_\_

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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: \_\_\_\_\_

\$45 Reg. Fee Received : Pmnt Type: \_\_\_\_\_ Date: \_\_\_\_\_ By \_\_\_\_\_ \$ \_\_\_\_\_

May 2020 Tuition Amount

\$ \_\_\_\_\_ Date Due: \_\_\_\_\_ By: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Ck # \_\_\_\_\_ By: \_\_\_\_\_

Total Amount Received: Pymnt Type: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ \$ \_\_\_\_\_

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

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