



LITTLE LAMBS PRESCHOOL of IMMANUEL LUTHERAN CHURCH

Application for Admission September 2021– May 2022

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

Student's Name: _____ D.O.B. _____

ALL CLASS TIMES ARE 9:00—12:00 noon

Class options for children will be at least three-years-old by first day of classes

- _____ Tuesday & Thursday (\$160/\$145*/month)
- _____ Monday/Wednesday (\$155/\$140*/month)
- _____ Mon /Wed/Fri (\$200/\$185*/month.)

(*\$15/month discount for electronic debit/ full semester payment)

Class options for children will be at least four-years-old by 9/1/21

- _____ Tuesday & Thursday (\$160/\$145*/month)
- _____ Mon /Wed/Fri (\$200/\$185*/month)
- _____ Monday—Thursday \$265/\$250*/month)
- _____ Monday—Friday (\$290/\$275*/month)

Before and after school care: This option is not currently offered, however we are gathering information to assess the viability and interest in this additional programming. You are under no obligation to register for this service—this is measuring possible interest.

_____ I am interested in before school care (up to 1 hour) _____ I am interested in after school care (up to 1 hour)

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: _____

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:

Payment Information:

\$45 Registration Fee:

- _____ Check/cash (\$45 included)
- _____ Debit/Credit Card (\$50)
- _____ Electronic Funds Transfer (*eft*)
(Scheduled within 24 hours of registration)

May 2022 Tuition Payment Due by _____

- _____ Check/cash
- _____ Debit/Credit Card (\$5 add'l fee)
- _____ Electronic Funds Transfer
(Scheduled for _____)

Below this line for Office use Only

Application Received Date: _____ Time: _____ By: _____

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

Music Activity Fee: \$ _____ Pymnt Type: _____ Date: _____ By: _____

Date of Admission: _____ Date of Discharge: _____

Date of Computer Entry: _____ By: _____