



# LITTLE LAMBS PRESCHOOL of IMMANUEL LUTHERAN CHURCH

Application for Admission September 2026–May 2026

Application & registration fee required to hold class spot. (\$60 check or cash) (\$65 credit/debit card)

Student's

Full 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 child attends class**

\_\_\_\_\_ Tuesday & Thursday (\$220/\$200\*/month)  
\_\_\_\_\_ Mon /Wed/Fri (\$280/\$260\*/month.)

(\* \$20/month discount for electronic debit/ full semester payment)

Class options for children will be at least **four-years-old by first day child attends class**

\_\_\_\_\_ Tuesday & Thursday (\$220/\$200\*/month)  
\_\_\_\_\_ Mon /Wed/Fri (\$280/\$260\*/month)  
\_\_\_\_\_ Monday—Friday (\$395/\$375\*/month)

Tuition Assistance:

- Dependent Care Flexible Spending Account (FSA) Benefits;

- DeKalb 4-C's Illinois Childcare Assistance Program. (CCAP) (Parent must be employed or attending classes.)

Applications and information are available through 4-C's at 815-758-8149 or <https://www.four-c.org/apply-child-care/>;

- State of Illinois Assistance through IDHS.



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

Best Telephone Number: \_\_\_\_\_

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

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

Church Affiliation: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Baptized: (circle) Yes No If yes, approximate date of Baptism: \_\_\_\_\_

## Parent/Legal Guardian

Name: \_\_\_\_\_

Marital Status \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

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

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

## Parent/Legal Guardian

Name: \_\_\_\_\_

Marital Status \_\_\_\_\_ 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? (Check all that apply)**

\_\_\_\_ Word of mouth/friend (name) \_\_\_\_\_  
\_\_\_\_ Newspaper \_\_\_\_\_ Facebook \_\_\_\_\_ Sycamore Movie Theater  
\_\_\_\_ Website \_\_\_\_\_ Radio \_\_\_\_\_ Google/Search Engine  
\_\_\_\_ Other (explain) \_\_\_\_\_

**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?**

If yes, please elaborate:

**What is your child's hand preference?** (circle one)  
**Does your child have any allergies?** **Left** **Right** **No Preference**  
**Yes** **No**  
*If yes, please explain: (addition ppwk. may be required)*

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

**Has your child had any hearing loss, tubes, etc.?** **Yes** **No**  
*If yes, please explain:*

**Has your child had any vision loss, corrections, etc.?** **Yes** **No**  
*If yes, please explain:*

**Does your child have any special needs of which we should be aware?**  
*If yes, please explain:* **Yes** **No**

*Below this line for Office use Only*

**Application Received Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **By:** \_\_\_\_\_

**\$60 Registration Fee:**  
**Date**  
\_\_\_\_ Check,/cash (\$60 included) ck # \_\_\_\_\_  
\_\_\_\_ Debit/Credit Card (\$65)  
\_\_\_\_ Electronic Funds Transfer  
(scheduled within 24 hours of registration)

**May 2026 Tuition Payment**  
**Date**  
\_\_\_\_ Check/cash (Due by May 1, 2025) ck# \_\_\_\_\_  
\_\_\_\_ Debit/Credit Card (\$5 additional fee)  
\_\_\_\_ Electronic Funds Transfer  
(will be scheduled for \_\_\_\_\_)

**Cash or check only:**  
\_\_\_\_ **\$100 Music Fee** (per year)  
\_\_\_\_ **Snack Fee \$50; \$70; \$120** (per year)  
*(can be paid at orientation in August; due by first day of class)*

Notes:

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Date of Data Base Entry: \_\_\_\_\_ By: \_\_\_\_\_  
Date of EFT Entry: \_\_\_\_\_ By: \_\_\_\_\_  
EFT scheduled for \_\_\_\_\_