



LITTLE LAMBS PRESCHOOL of IMMANUEL LUTHERAN CHURCH 1

Application for Admission September 2026–May 2027

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.)

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 (\$440/\$420*/month)

Tuition Assistance:

- Dependent Care Flexible Spending Account (FSA) ~~Benefit~~ *electronic debit/ full semester payment*
- 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 (1)

Name: _____

Marital Status _____ Relationship to Child: _____

Address: (if different) _____

Cell/Home Telephone: _____ E-mail Address: _____

Name of place of employment _____

Address of place of employment _____

Hours of work _____ Phone number of place of employment _____

Parent/Legal Guardian (2)

Name: _____

Marital Status _____ Relationship to Child: _____

Address: (if different) _____

Cell/Home Telephone: _____ E-mail Address: _____

Name of place of employment _____

Address of place of employment _____

Hours of work _____ Phone number of place of employment _____

(Parent Signature)

(Date)

Brothers and Sisters of Student

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Emergency Contact

Name _____ Relationship to child _____

Phone Number _____ Address _____

Please note: this person must also be on the release list

How did you find out about Little Lambs Preschool? (Check all that apply)

- _____ Word of mouth/friend (name) _____
- _____ Newspaper _____ Facebook _____ Community Event
- _____ 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) Left Right No Preference

Does your child have any allergies? 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
*****office use only*****

Date of Admission: _____ Date of Discharge: _____

Application Received Date: _____ Time: _____ By: _____

Parent/Guardian Signature _____ Date _____

Amount Received _____ Payment Form: _____ Rec'd By: _____