



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) Benefits (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: _____

Parent/Legal Guardian Employment Information (1)

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: _____

Parent/Legal Guardian Employment Information (2)

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: _____