



# 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:** \_\_\_\_\_