



LITTLE LAMBS PRESCHOOL of IMMANUEL LUTHERAN CHURCH

Application for Admission September 2022– May 2023

Application & registration fee required to hold class spot. (\$45 check or cash) (\$50 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 of classes**

_____ Tuesday & Thursday (\$180/\$160*/month)
_____ Monday/Wednesday (\$175/\$155*/month)
_____ Mon /Wed/Fri (\$220/\$200*/month.)

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

Class options for children will be at least **four-years-old by 9/1/22**

_____ Tuesday & Thursday (\$180/\$160*/month)
_____ Mon /Wed/Fri (\$220/\$200*/month)
_____ Monday—Thursday \$285/\$265*/month)
_____ Monday—Friday (\$310/\$290*/month)

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: _____

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*?

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 2023 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: _____

\$ _____ Pymnt Type: _____ Date: _____ By: _____

Date of Admission: _____ Date of Discharge: _____

Date of Computer Entry: _____ By: _____