| tle Lambs | | | CHOOL of IMMANUEL LUTHERAN CHURCH sion September 2023– May 2024 |
|---|---|---|--|
| A Vis | Application & registration f | | ld class spot. (\$45 check or cash) (\$50 credit/debit card) |
| Preschool Full N | | | D.O.B |
| of ministratic Curton Deketo, Jal www.LitteLambsDeKalb.org | | ALL CLASS TIN | MES ARE 9:00—12:00 noon |
| | children will be at least by first day of classes | | Class options for children will be at least four-years-old by 9/1/22 |
| Tuesday Monday/ | & Thursday (\$200/\$18 Wednesday (\$200/\$18 d/Fri (\$240/\$220*/mon | 0*/month) 0*/month) | Tuesday & Thursday (\$200/\$180*/month) Mon /Wed/Fri (\$240/\$2220*/month) Monday—Thursday \$320/\$300*/month) |
| (*\$20/month discount for electronic debit/ full so | | ester payment) | Monday—Friday (\$330/\$310*/month) |
| Name to be called | at school: | | Sex: |
| | | | |
| | | | |
| | | | e Zip Code |
| | | | |
| Church Affiliation | : | | Ethnic Background: |
| | | | Ethnic Background: |
| | | | Ethnic Background: te of Baptism: |
| | Yes No If yes, a _l | o <i>proximat</i> e dat | |
| Baptized: <i>(circle)</i> | Yes No If yes, a _l | oproximate dat Parent/Lega | te of Baptism: al Guardian |
| Baptized: <i>(circle)</i> Name: | Yes No If yes, a _l F | oproximate dat Parent/Lega | te of Baptism: al Guardian |
| Baptized: <i>(circle)</i> Name: Marital Status | Yes No If yes, a _l F | pproximate dat Parent/Lega ionship to Chi | te of Baptism: al Guardian |
| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ | Yes No If yes, a F Relat | pproximate dat Parent/Lega | te of Baptism: al Guardian |
| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ Home Telephone: | Yes No If yes, a F Relat | pproximate dat Parent/Lega tionship to Chi Busin | te of Baptism: al Guardian Id: |
| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ Home Telephone: | Yes No If yes, a F Relat ent) | pproximate dat Parent/Lega tionship to Chi Busin _ E-mail Addre | te of Baptism: al Guardian Id: ess Telephone: |
| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ Home Telephone: Cell Phone: | Yes No If yes, a F Relat ent) | Parent/Lega ionship to Chi Busin _ E-mail Addre | al Guardian |
| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ Home Telephone: Cell Phone: Name: | Yes No If yes, a F Relat ent) F | Parent/Lega cionship to Chi Busin _ E-mail Addre | al Guardian |
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| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ Home Telephone: Cell Phone: Name: Marital Status Address: (if differ | Yes No If yes, a F Relate ent) F Relate ent)Relate | Parent/Lega ionship to Chi Busin _ E-mail Addre Parent/Lega | te of Baptism:al Guardian |
| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ Home Telephone: Cell Phone: Name: Marital Status Address: (if differ Home Telephone: | Yes No If yes, a F Relat ent) F Relat ent) | pproximate dat Parent/Lega tionship to Chi Busin E-mail Addre Parent/Lega tionship to Chi | te of Baptism:al Guardian |
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| Baptized: <i>(circle)</i> Name: Marital Status Address: (if differ Home Telephone: Cell Phone: Marital Status Address: (if differ Home Telephone: Cell Phone: | Yes No If yes, a F Related ent) F Related ent) Brother | pproximate dat Parent/Lega ionship to Chi Busin E-mail Addre Parent/Lega ionship to Chi Busin Busin S and siste | te of Baptism: |
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| | | | Page 2 |
|--|--|--|---|
| How did you find out about <i>Little</i> | Lambs Preschool? | | i aye 2 |
| Why did you choose to enroll yo | ur child in <i>Little Lambs Pr</i> ese | :hool? | |
| How do you expect <i>Little Lambs</i> | <i>Preschool</i> to benefit your ch | ild? | |
| Has your child had any previous Comments: | experience with a supervise | d group? | |
| What is your child's hand prefere | ence? | | |
| Does your child have any allergie | es? (circle one) Yes No If y | es, please explain: | |
| Is your child on any medication? | (circle one) Yes No If yes | s, please explain: | |
| Has your child had any hearing lo | oss, tubes, etc.? (circle one) | Yes No | |
| If yes, please explain: Has your child had any vision los If yes, please explain: | ss, corrections, etc.? (circle o | one) Yes No | |
| Has your child had any vision los | | | s No |
| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: | | e aware? (circle one) Yes | s No |
| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: Belo | needs of which we should b w this line for Office use | e aware? (circle one) Yes Only | |
| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: | needs of which we should b w this line for Office use Time: | e aware? (circle one) Yes • Only By: | |
| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: Belo Application Received Date: | needs of which we should b w this line for Office use Time: | e aware? (circle one) Yes • Only By: | |
| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: Belo Application Received Date: Total Amount Received: \$ Payment Information: | needs of which we should b w this line for Office use Time: Pymnt Type: | e aware? (circle one) Yes • Only By: Date:By: | |
| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: Belo Application Received Date: Total Amount Received: \$ Payment Information: \$45 Registration Fee: Check/ | I needs of which we should b w this line for Office use Time: Pymnt Type: //cash (\$45 included) Debit/Cr | e aware? (circle one) Yes • Only By: Date:By: | |
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| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: Belo Application Received Date: Total Amount Received: \$ Payment Information: \$45 Registration Fee: Check/ May 2024 Tuition payment due by May 2024 Tuition Paid: Check/cash (\$45 included) D | I needs of which we should b w this line for Office use Time: Time: Pymnt Type: /cash (\$45 included) Debit/Cr (date) Debit/Credit Card (\$50) EH | e aware? (circle one) Yes • Only By:By: Date:By:By: edit Card (\$50)*Electre *(eft) (Scheduled within 24 h | onic Funds Transfer nours of registration) |
| Has your child had any vision los If yes, please explain: Does your child have any special If yes, please explain: Belo Application Received Date: Total Amount Received: \$ Payment Information: \$45 Registration Fee: Check/ May 2024 Tuition payment due by | I needs of which we should b w this line for Office use Time: Pymnt Type: /cash (\$45 included) Debit/Cr /cash (\$45 included) Debit/Cr | e aware? (circle one) Yes • Only By: Date:By: edit Card (\$50)*Electri *(efi) (Scheduled within 24 h T scheduled for | onic Funds Transfer nours of registration) |