LITTLE LAMBS PRESCHOOL of IMMANUEL LUTHERAN CHURCH
Application for Admission <u>September 2023– May 2024</u>
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

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Class options for children will be at least
three-years-old by first day of classes

_____ Tuesday & Thursday ($200/$180*/month)
_____ Monday/Wednesday ($200/$180*/month)
_____ Mon /Wed/Fri ($240/$220*/month.)

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

_____Tuesday & Thursday ($200/$180*/month)
_____Mon /Wed/Fri ($240/$2220*/month)
_____Monday—Thursday $320/$300*/month)
_____Monday—Friday ($330/$310*/month)

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

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:** _____

Please fill out both sides.   Revised 1/31/23

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:

Below this line for Office use Only

Application Received Date: _____ Time: _____ By:_____

Total Amount Received: $_____   Pymnt Type: _____   Date:_____By: _____

Payment Information:

_____ $45 Registration Fee: _____ Check/cash ($45 included)_____ Debit/Credit Card ($50)_____ *Electronic Funds Transfer
(eft) (Scheduled within 24 hours of registration)
_____ May 2024 Tuition payment due by _____ *(date)*

_____ May 2024 Tuition Paid: _____ *(date)*

    Check/cash ($45 included)   Debit/Credit Card ($50)   EFT scheduled for _____

Date of Admission: _____   Date of Discharge: _____

Date of Data Base Entry: _____   By: _____

Date of EFT Entry: _____   By: _____