



# Little Lamb Preschool

1401 Hawthorn † Salem, IL 62881 † 618-548-3190

## Application for Admission

School Year: \_\_\_\_\_

### Enrollment Information

To enroll in Little Lamb Preschool your child must be 3 to 5 years of age on or before September 1<sup>st</sup> and totally potty trained. The annual registration fee of \$35 per child, plus the first month's tuition (\$120 Community Member/\$108 Salem Lutheran Church Member) must accompany this application and is non-refundable, unless Little Lamb Preschool is unable to accept the application. The above should be returned to the church office. Classes are filled in the order that applications are received. Salem Lutheran Church members may return applications the 3<sup>rd</sup> week in February. Open registration for the community begins the 1<sup>st</sup> week of March.

### Class Enrollment

Please Note: The 3 Day Session is our original program, and this class will be filled first. In the event that we have enough students to fill an additional class, we will offer a Tuesday/Thursday class to accommodate the need. Please mark your preferences as follows:

1 = First Preference      2 = Second Preference      X = I am NOT INTERESTED in this session at all.

#### 3 Year Old Class (Must be 3 by Sept. 1)

\_\_\_\_\_ **3 Day Session**

- Monday/Wednesday/Friday
- 8:30 a.m. – 11:30 a.m.

\_\_\_\_\_ **2 Day Session**

- Tuesday/Thursday
- 8:30 a.m. – 12:00 p.m.

#### Pre-K (4 Year Old) Class (Must be 4 by Sept. 1)

\_\_\_\_\_ **3 Day Session**

- Monday/Wednesday/Friday
- 8:30 a.m. – 11:30 a.m.

\_\_\_\_\_ **2 Day Session**

- Tuesday/Thursday
- 8:30 a.m. – 12:00 p.m.

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Has your child ever received Special Education Services:     Yes     No

### Travel & Activity Authorization

I give permission for my child (listed above) to leave the preschool for trips on foot, in a car, or in a church vehicle on school-sponsored field trips. (All children will be secured in seat belts or car seats.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any restrictions on such trips: \_\_\_\_\_

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**Picture Release**

I give my consent to let my child (listed above) be photographed for use by the preschool to be used in our newsletters, displays and/or the church/preschool website and Facebook page.

Yes \_\_\_\_\_ No \_\_\_\_\_

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**Parent Information**

**Father:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Local Church Membership: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mother:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Local Church Membership: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Family Information**

Student lives with:  Parents  Mother  Father  Step Parent  Other: \_\_\_\_\_

Brothers/Sisters

Birth Date

School

Grade

Brothers/Sisters	Birth Date	School	Grade

Other adults in home (list names and relationship): \_\_\_\_\_

\_\_\_\_\_

Name/Address/Phone of Daily Babysitter (if applicable): \_\_\_\_\_

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**Authorize Release To:**

I hereby give permission for my child/children to leave the preschool with the following persons named below. (If no one other than you, the parents/guardians, will be picking up your child/children, please indicate that on this form as well.)

★ Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

★ Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

★ Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

★ Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If there is a separation or divorce custody problem of which we should be aware please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name persons who may NOT pick up the child/children:

\_\_\_\_\_

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**Emergency Medical Consent/Information**

In the event that student (listed above) may require medical, surgical and/or dental/dental surgical care while I am unable to be reached, I hereby give my consent to medical, surgical and/or dental/dental surgical treatment to the following listed medical personnel or his/her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Health Conditions: \_\_\_\_\_

Present Medication: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy ID Number: \_\_\_\_\_

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**Other Information**

Please indicate any further information you think we should know such as allergy, disability, handicap, or fears your child may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**How did you hear about Little Lamb Preschool?** \_\_\_\_\_

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**Signature**

We ask that you read the following statements. Your signature shows your agreement to these statements.

1. We understand that all students will be taught the Doctrines of the LCMS. We believe that the strength of our curriculum rests in the fact that it is Christ-centered and that the atmosphere under which it exists is based on the Christian faith and God's Word.
2. We will be faithful in attending the church of our choice and will take our children to church. Believing that the home, in addition to the school, is also a center for Christian education, we will carry out the responsibility that God has given us as parents to instruct, train and direct that growth of the children God has placed in our care.
3. We will support the faculty of Little Lamb Preschool in its endeavor to give the children a basic education in all areas of the curriculum. We will communicate with our children's teachers on a regular basis and will pray for them.

We, the undersigned, do hereby certify all information to be completed and factual, do hereby agree to fulfill all financial obligations, and agree to adhere to the policies and regulation as required by Little Lamb Preschool. It is the responsibility of the parents/guardians to notify the school, in writing, of any changes to the above information. This consent will be in effect for one year beginning Sept. 1<sup>st</sup> of indicated school year and will continue while the child is enrolled in this facility.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Little Lamb Preschool admits students of any race, color, sex, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, or national or ethnic origin in the administration of its educational policies, admission policies, financial assistance, and other school administered programs.

**For Office Use Only**

Date & Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Cash Received: \_\_\_\_\_

## **Preschool Requirements – No Exceptions**

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1. Attached Application for Admissions filled out and returned to school office as soon as possible
2. Registration fee and first month's tuition to be paid when registering (non-refundable unless Little Lamb Preschool is unable to accept the application)
3. Completed and signed physical form – Due October 1<sup>st</sup> (your doctor will have this form)

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