



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 1st and totally potty trained. The annual registration fee of \$50 per child, plus the first month's tuition (please see insert for tuition amounts) 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 beginning January 21st. Open registration for the community begins on February 4th.

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: _____

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 ☐

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: _____

Family Information

Student lives with: ☐ Parents ☐ Mother ☐ Father ☐ Step Parent ☐ Other: _____

Brothers/Sisters

Birth Date

School

Grade

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Other adults in home (list names and relationship): _____

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

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:

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: _____

Other Information

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

How did you hear about Little Lamb Preschool? _____

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. 1st 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

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 1st (your doctor will have this form)