



**Little Lambs Christian Preschool
Student's Record-Enrollment Form**

*Please complete this registration form and return it with the deposit fee (\$75).
*A completed immunization record must also be turned in with the registration form.

Date Submitted_____

Child's Full Name_____

Date of Birth_____

Address_____

Home Phone_____

Cell Phone (Mom)_____ (Dad)_____

Parent Name (Mom)_____ Work Phone_____

(Dad)_____ Work Phone_____

E-mail _____ Church Affiliation_____

Session Preference

| Child's Age | A.M. Session 8:15-11:00 | Tuition per Month | Select first (1) second (2) choice |
|-----------------|----------------------------|----------------------|--|
| 3 Year Olds | T/TH | \$90.00 | |
| 4 & 5 Year Olds | M/W/F | \$125.00 | |
| | P.M. Session 12:15-3:15 | | |
| 4 & 5 Year Olds | M/W/F | \$125.00 | |

Is there a need for care before class in the morning session? (\$2.00 a day)

List in chronological order the student's brothers and/or sisters.

Name Age Birthday

- 1.
- 2.
- 3.

Has your child previously attended preschool or childcare? _____

If yes, where? _____

Does your child have any fears? _____

If yes, explain. _____

This information may help make school a more positive experience for your child.

Daily Routines

What time does your child get up? _____ Go to bed? _____

Does he/she sleep during the day? _____ When? How long? _____

Does she/he sleep well at night? _____

Does she/he have any food allergies? _____ Eating Problems? _____

Please explain. _____

Please explain any physical or emotional conditions that might affect the school experience. _____

All children that attend preschool must be bathroom trained

Emergency Information

Name of family physician _____ Phone _____

Hospital of Choice (Avera or Sanford) _____

Parent's Employment

Father's Name _____ Position _____

Employer _____ Phone _____

Mother's Name _____ Position _____

Employer _____ Phone _____

In case of emergency, when neither parent can be reached, I authorize the school to call the family physician or one of the individuals herein designated.

Name of Individual _____ Phone _____
Address _____

Name of Individual _____ Phone _____
Address _____
Date _____ Signature of Parent _____

Excursion permit for one school year

I understand that trips and excursions may be taken to places of educational interest and it is my desire that my child take part. The teacher shall exercise due care and caution for the safety of the students. However, I hereby release the teacher and school from liability for any injury my child sustains, beyond the exercise of due care and caution. Every effort will be made to keep me informed of any trips.

(Date)

(Signature)

Permit for Pictures

I give *Little Lambs Christian Preschool* permission to take my child's picture (still or video) for purposes of promotion or sharing experiences with parents or our church.

(Date)

(Signature)

Parents and guardians should keep the school informed of changes in address, phone number or place of employment.

Little Lambs Christian Preschool admits all students without regard to race, color, creed, sex, national origin, disability, or religion.