



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 8:00-11:00	Tuition per Month	Select first (1) second (2) choice
3 Year Olds	T/TH	\$100.00	
4 & 5 Year Olds	M/W/F	\$145.00	
	P.M. Session 12:15-3:15		
4 & 5 Year Olds	M/W/F	\$145.00	

Is there a need for care before class in the morning session? (\$3.00 a day)

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(Anyone showing up to class before 7:55 will receive the \$3-dollar fee for the 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? \_\_\_\_\_

**Medical Information**

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.