



Living Savior Little Lambs Preschool APPLICATION FOR ADMISSION

STUDENT INFORMATION

Student's Name (Last, First, Middle)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Nickname	Date of Birth	Current Age	
Please list all others (besides parents) who have watched/taught your child (include phone numbers):		Please check which program you are applying for: <input type="checkbox"/> Preschool 3 yr. olds <input type="checkbox"/> Pre-K 4 yr. olds	
I would describe my child's development as:		I would like my child's teacher to know this about my child:	

PARENT INFORMATION

Father's Information

First & Last Name	Residence Telephone	Cell Phone	E-mail Address
Residence Address		City, State, Zip	
Father's Occupation	Employed by		Business Telephone Ext.
Business Address		City, State, Zip	

Mother's Information

First & Last Name	Residence Telephone	Cell Phone	E-mail Address
Residence Address (if different from above)		City, State, Zip	
Mother's Occupation	Employed by		Business Telephone Ext.
Business Address		City, State, Zip	

Other Children in the Family

Name	Age	Name	Age
Name	Age	Name	Age

Parents are Married Separated Divorced

If parents are divorced or separated, to whom should admissions correspondence be sent? _____ With whom does the child reside? _____

If you wish correspondence to be sent to an address other than the above, please indicate here: _____ Street Address _____ City, State, Zip _____

Legal Guardian's Information *(Please leave this section blank if it does not apply to your situation.)*

First & Last Name	Spouse's First & Last Name		
Residence Telephone	Cell Phone	E-mail Address	
Residence Address		City, State, Zip	
Occupation	Employed by		Business Telephone Ext.
Business Address		City, State, Zip	

EMERGENCY/HEALTH INFORMATION

Emergency Contact Name and Relationship	Residence Telephone	Cell Phone
Family Doctor/Clinic and address:		Telephone
Family Dentist and address:		Telephone
Insurance Carrier	Primary Card Holder	Policy Number

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Does your child have migraine/severe headaches?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a history of heart disease, kidney disease, diabetes, rheumatic fever, seizures/panic attacks or convulsions?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any disabilities, injuries, deformities, or other illnesses of which we need to be aware?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any allergies to medication or food? If yes, please explain below: (Identify each allergy, the level of severity and the form of treatment.)
<input type="checkbox"/>	<input type="checkbox"/>	Is your child allergic to bee stings? <u>If yes, you are required to supply a bee sting kit.</u>
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have asthma? If yes, have you provided a new inhaler?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication on a regular basis? Please list all medications below.
<input type="checkbox"/>	<input type="checkbox"/>	Has your child had any vision problems? If yes, date of last exam: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has your child had vision therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child had any hearing problems? If yes, date of last exam: _____

If you answered yes to any of the above questions, please explain here. Also list any other health conditions of which we need to be aware.

Please list all medications being taken by child: (A medication request Form is required to be filled out if the meds will be administered by Little Lambs Staff.)

Medication	Reason	Doctor	Use Information
Medication 1			
Medication 2			
Medication 3			
Medication 4			

I, the undersigned, do hereby authorize the staff of Little Lambs Preschool to contact directly the persons named on this sheet and do authorize the named physicians or clinic to render such treatment as may be deemed necessary.

In the event that physicians, other persons named on this sheet, or parents cannot be contacted, the school staff is hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

In the event of an emergency where immediate medical attention is deemed necessary by a member of the Little Lambs staff, you, the undersigned, will not hold the school financially responsible for the emergency care and/or transportation for the said child.



Initials of parent or guardian

SCHOOL POLICIES

Have the following school policies, as outlined in the *Little Lambs Handbook*, been explained to you? Please initial.

Attendance and illness policies _____ Tuition schedule and payment policy _____
Discipline policy _____ Pick up/Drop off policy _____

I have read and agree to follow the guidelines and policies as set forth in the *Little Lambs Handbook*? Yes No

We will make every effort to make sure our child is in attendance at Living Savior Lutheran Church when he/she is to sing. Yes No

We will ensure our child's attendance at all curricular activities of Living Savior Little Lambs Preschool. Yes No

We will pay the registration and tuition as stated in the handbook. Yes No

We understand that if our child should transfer at any time before or during the school year, the registration fee will not be refunded. Yes No

I also understand that failure to abide by any of these guidelines may result in the expulsion of my child from Little Lambs Preschool. I also realize that I will be held liable for any outstanding accounts. Yes No



Initials of parent or guardian

PERMISSION

I **give** Little Lambs permission to publish the following items in a preschool directory: **(Please check all that apply.)**

name address phone number email address

Please check **if** permission is **NOT** granted:

I **do not** give Little Lambs permission to use individual/group photos that include my child on our school/church website—www.livingsavior.net.

I **do not** give Little Lambs permission to use individual/group photos that include my child in our school publications.

CHURCH INFORMATION

Name of church currently attending: _____

Is your child baptized? Yes No

Do you regularly attend church? Yes No

Church where baptized (if applicable):

Does your child regularly attend Sunday School? Yes No

REASONS FOR ENROLLING *(attach another sheet of paper if necessary)*

1. Why do you wish to enroll your child in Little Lambs Preschool?

2. How did you learn about Little Lambs Preschool?

PARENT SIGNATURES

By signing below, I agree that all information shared in this application to be complete and correct to the best of my knowledge.

Father's Signature (Legal Guardian)

Date



Mother's Signature (Legal Guardian)

Date

ADDITIONAL COMMENTS:



For Office Use Only



Date Application Received _____

Preschool Application Fee *Date:* _____ *Check #:* _____ *Amount:* _____

Vanco LLC AutoPay Form *Date:* _____ *Voided Check #:* _____ *Amnt/mo:* _____

Sun screen Permission Form

Immunization Record

Copy of Birth Certificate

Field Trip Permission

TV/Video Consent Form

Emergency/Authorization Card