



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

Living Savior Little Lambs Preschool
8050 W. Coal Mine Ave.
Littleton, CO 80123

PRESCHOOL AUTHORIZATION/EMERGENCY CARD

For: _____
(name of student)

Parent/Guardian:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Parent/Guardian:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

The following adults are authorized to pick up my child from Little Lambs Preschool:

Name _____

Relationship to child: _____

Name _____

Relationship to child: _____

Name _____

Relationship to child: _____

Medical Information:

Doctor's name _____ phone # _____

Doctor's address _____

Dentist's name _____ phone # _____

Dentist's address _____

Hospital of choice _____ phone # _____

Hospital address _____

Allergies: _____

Special Medical Instructions: _____

Emergency Contacts:

Name _____

Phone number: _____

Relationship to child: _____

Name _____

Phone number: _____

Relationship to child: _____

Name _____

Phone number: _____

Relationship to child: _____

Signed: _____

Dated: _____

Living Savior
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FIELD TRIP PERMISSION FORM

Date _____

Name of Child _____

IN-SCHOOL FIELD TRIPS are planned each year for the 3 and 4 yr. old classes. Several different groups are brought in to help enhance your child's learning throughout the school year. Some of these special activities will require an additional fee which will be announced in advance and money collected by the announced due date. Classroom teachers will supervise all children in their classroom during all special events.

FIELD TRIPS may be planned on occasion to an off sight location. Field Trip permission forms will be sent home in advance. If there is a cost it will be stated on the form and must be paid in cash to the teacher in charge. No child will be permitted to go on field trips without a signed permission form. A list of all children and staff participating in the field trip will be left at the church with the approximate time of departure and return. Parents may volunteer to accompany the children and staff and will adhere to all policies while on the field trip with the children. Transportation for field trips is provided by parent volunteers, staff or walking.

- I have read the above and agree allow my child to be involved in all curricular activities.
- I agree to return permission slips as a way to communicate whether or not my child will be attending said field trip.
- I agree to pay for field trips in cash.
- I agree to release parent volunteer drivers of all liability while transporting my child/children.

Parent Signature

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SUNSCREEN PERMISSION FORM

Date _____

Name of Child _____

Little Lambs provides **NO-AD** SPF 30 or 50. If you prefer your child to use their own sunscreen, you must provide it and label it properly with their full name.

Your child's teachers will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. We ask parents to apply sunscreen to your child before coming to school.

Special Instructions

- In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by Little Lambs **NO-AD** SPF 30 or 50.

Parent initials

- I do not want my child to use any other sunscreen other than the one he or she brings and I will label the original container with my child's name.

Parent initials

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Littleton, CO 80123

TV/VIDEO PERMISSION FORM

Date _____

Name of Child _____

I permit Little Lambs staff to allow my child to view television and videos within reasonable limits as deemed beneficial by Little Lambs staff. Viewing will be done in accordance with the curriculum, with a specific learning purpose and/or for recreation. I understand videos shown to my child will be rated "G".

Parent initials

ACH AUTHORIZATION FORM

LITTLE LAMBS PRESCHOOL 8050 W Coal Mine Ave. Littleton, CO 80123

FOR OFFICE USE ONLY		CUSTOMER #		DATE:	
Effective date of authorization: 09/15/2020					
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment					
Last Name			First Name		
Address					
City				State	Zip
Email Address					
MONTHLY PAYMENT: 09/15/2020-05/15/2021					
Date for monthly withdrawal: <input type="checkbox"/> 15 th					
Date of first payment: ____/____/____ Amount of monthly payment: \$220.00					
CHECKING	Please debit payment from my: <input type="checkbox"/> Checking Account (staple a voided check below)			Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3	
				Account Number: _____ <small> ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 ⑆ Routing Number Account Number Check Number </small>	
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.					
Authorized Signature: _____ Date: _____					

If using a checking account, please attach a voided check to the bottom of this page.



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