



APPLICATION FOR ENROLLMENT

SCHOOL YEAR PRESCHOOL PROGRAM (AGES 3-5) 2022-2023

Please complete this information and return it to the Little Lambs Preschool Director. A non-refundable registration fee of \$125.00 per family must accompany your application. Your child's file is not complete without a general health record and an up-to-date immunization record.

CHILD INFORMATION

NAME		DATE OF BIRTH	/ /
ADDRESS		CITY/STATE/ZIP	
PHONE #		GENDER (CIRCLE)	MALE FEMALE

PARENT INFORMATION (Please put an asterisk (*) by the preferred PRIMARY email address for your billing account.)

MOTHER'S NAME	FATHER'S NAME
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
EMPLOYER ADDRESS	EMPLOYER ADDRESS
WORK PHONE	WORK PHONE
CELL PHONE	CELL PHONE
HOME PHONE	HOME PHONE
ADDRESS <i>(IF DIFFERENT THAN CHILD)</i>	ADDRESS <i>(IF DIFFERENT THAN CHILD)</i>
EMAIL	EMAIL
MARITAL STATUS <i>(CIRCLE)</i>	MARITAL STATUS <i>(CIRCLE)</i>
M / D / W / S	M / D / W / S

ATTENDANCE

Please indicate which attendance schedule you would prefer for your child. Half-day program space is limited. Priority is given to full-time enrollments and schedules are not guaranteed until confirmed by the director.

FULL DAY

- 5 Days
 M/W/F
 T/Th

HALF DAY

- M/W/F

If you are desiring an attendance schedule different from the ones listed above, please explain it here:

FAMILY INFORMATION

Other children in family:

NAME	AGE
NAME	AGE
NAME	AGE
NAME	AGE

If there has been a separation or divorce, with whom is the child primarily living?

If the child is living with someone other than parents, please complete the following:

NAME		EMAIL	
ADDRESS		CITY/STATE/ZIP	
PHONE #		RELATIONSHIP TO CHILD	

PERSONAL HISTORY

What makes your child great?

What are some goals you have for your child while he/she attends Little Lambs?

Has your child had any previous group or preschool experience? If yes, where and when?

What is your child's primary language?

Are there health concerns we should be aware of?

What words does your child use for toileting?

List any special food or eating concerns:

List any special sleeping or napping concerns:

Do you have any special concerns about your child academically, socially, or emotionally?

Please take a moment to add any additional information about your child that will help us to ensure he/she has a positive learning experience:

RELIGIOUS BACKGROUND INFORMATION

As part of the ministry of St. Peter Lutheran Church, we are blessed to share God's Word with students daily. Little Lambs Preschool, St. Peter Lutheran Church, and the Wisconsin Evangelical Lutheran Synod believe and teach that God's Word is inerrant. We believe and teach that Jesus Christ is the Savior from sin and faith in Him saves eternally. We welcome the opportunity to help you provide your child with an educational foundation that lasts both for time and eternity. By enrolling your child at Little Lambs, you agree to allow church staff to communicate and share information with you regarding St. Peter and its happenings.

Please indicate your answers below:

Are you currently a member of/actively involved in a church?

YES NO

How often do you attend church?

WEEKLY MONTHLY A FEW TIMES A YEAR

Are the children in your household baptized?

YES NO I'M NOT SURE WHAT BAPTISM MEANS

Are you baptized?

YES NO

Why did you choose to send your child to Little Lambs Preschool?

How did you find out about Little Lambs Preschool?

WRAP AROUND CARE (BEFORE AND AFTER SCHOOL CARE)

Little Lambs Preschool offers before and after school care to our preschool families. This care is available Monday-Friday from 7:15-8:15am and again from 3:30-5:30 pm at \$8 an hour. We are offering a 5 minute grace period after class. After that you will be charged the hourly rate for care. A fee of \$1.00/minute will be added for any child not picked up by 5:30 pm. *If there is not enough interest, Little Lambs Preschool reserves the right to remove or shorten the wrap around care program. Families will receive notice prior to any changes made.

Do you plan on using the wrap around care program? (This does not commit you to use of the program; it simply gives staff an idea of interest.)

YES NO

If yes, please select all of the following options you would likely utilize:

MORNING 3:30PM-4:30PM 3:30PM-5:30PM

FEE & PAYMENT INFORMATION

Non-refundable one-time registration fee: \$125/family

TUITION RATES

FULL DAY PROGRAM

5 days/week: \$795/month

3 days/week: \$575/month

2 days/week: \$450/month

HALF DAY PROGRAM

3 days/week: \$350/month

Registration fee is due at the time of application. Tuition (including any wrap around care fees from the previous month) will post to your account on the 1st of each month and is due by the 10th. Little Lambs uses Smartcare for tuition payments. There is a \$4 monthly tech fee. More information will be given after the registration process is complete.

We have read, understand, and agree to adhere to the financial policies and procedures of Little Lambs Preschool, and we accept our responsibility to pay the fees and tuition outlined above.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY			
DATE RECEIVED		REGISTRATION FEE PAID	
APPROVED BY		WAITING LIST	



LITTLE LAMBS PRESCHOOL ANNUAL AUTHORIZATION

Please read and initial the following statements.

_____ I give permission for my child to leave the premises of Little Lambs Preschool, in the care of a responsible adult, whether on foot or by vehicle, in the case of an emergency which requires evacuation of the premises. All other scheduled trips will have a separate permission form signed by the parent/guardian.

_____ I give permission for Little Lambs Preschool staff to apply sunscreen (SPF 50) to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

**If you would like to provide your own sunscreen, please have your child's name clearly labeled on the bottle and give it to a Little Lambs Preschool staff member.*

_____ I give permission for my child to participate in the use of media (movie, music, etc.) at Little Lambs Preschool. I understand that the rating will be no higher than E/G/PG and that only 1-2 movies will be watched per year on special occasions. Parents/guardians will be notified in advance of the movie that will be shown.

_____ I give permission for my child's name to be used throughout the Little Lambs Preschool facilities. I understand his/her name will appear in places including but not limited to mailbox cubbies, spaces for personal belongings, bulletin boards, and sign-in/out stations. I understand that my child's name will never be published outside of Little Lambs Preschool facilities (i.e. on websites, social media platforms, etc.).

_____ I give permission for Little Lambs Preschool staff members to apply basic first aid to my child when necessary.

Parent/Guardian Signature _____ Date _____

Full Name of Child (Printed) _____



LITTLE LAMBS PRESCHOOL PHOTO RELEASE FORM

This policy is to ensure that no photographs will be taken of your child without your written consent.

_____ YES, I give Little Lambs Preschool permission to take photos of my child,
_____. I understand that these photos are to be used for preschool memory
books and in-house advertisement (bulletin boards and classroom center stations) purposes only.

_____ NO, I do not give Little Lambs Preschool permission to take any photos of my child,
_____.

If yes to previous statement:

Several times throughout the year, we may wish to use photos from special events or occasions to submit as a press release to the local newspapers, or for advertisement (website, social medial, etc.) purposes. Please indicate below if you consent to photos of your child being used for such purposes.

_____ YES, I give Little Lambs Preschool permission to use photos including my child for advertisement purposes such as news articles or website/social media updates.

_____ NO, I do not give Little Lambs Preschool permission to use photos including my child for advertisement purposes such as news articles or website/social media updates.

Parent/Guardian Signature _____ Date _____



SAFE DEPARTURE POLICY & AUTHORIZED PICKUPS

Safe Departure Policy (from parent/guardian handbook):

If we are concerned for the safety or well-being of your child should we release that child to you, we will inform you of our concern and call another person on Authorized List to pick up the child.

If we are concerned for your child's safety when a person on your Authorized List picks up your child, we will phone you immediately and/or call another person on your Authorized List to pick up your child.

Before we release a child to a person whose behavior is potentially unsafe, we may take the following steps:

1. Remove the child from the immediate environment; comfort and reassure the child of his/her safety.
2. Share our concern with the person attempting to pick up
3. Remind the person of our Safe-Departure Policy
4. Enlist the help of an appropriate family member; either in person or by phone
5. Call another person on the Authorized List to step in and pick up the child
6. Call the police (if and when necessary)
7. Report potential abuse or neglect to the appropriate authorities

Policies Regarding Authorized Lists:

Persons on the Authorized List must be at least 18 years of age and able to document their age and identity.

Only those on the Authorized List will be allowed to pick up the child. Anyone NOT listed on the Authorized List who attempts to pick up will be denied access to the child.

Any changes to the Authorized List must be done in writing by the enrolling parent/guardian.

All attempts will be made in good faith to contact you and the others on your Authorized List, but if no one can be reached at the time the program closes, the Department of Social Services along with the police department will be notified.

CHILD'S NAME	
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Please list below the names of people who are authorized to pick up your child from Little Lambs Preschool.

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

By signing below, I acknowledge that I have read and understand the Safe Departure Policy and have provided names of individuals other than myself and other legal parent/guardians to whom I entrust the safety of my child.

Parent/Guardian Signature _____

Date _____



MEDICAL EMERGENCY AUTHORIZATION CARD

CHILD'S NAME		BIRTH DATE	/ /
MOTHER'S NAME		FATHER'S NAME	
ADDRESS		CITY/STATE/ZIP	
PHONE #		SOCIAL SECURITY #	

Please list authorized persons who can assume responsibility for the child in the event of an emergency if parents or guardians cannot be reached immediately:

NAME OF RELATIVE/FRIEND			
ADDRESS		CITY/STATE/ZIP	
HOME PHONE #		CELL PHONE #	

CHILD'S PHYSICIAN		PHONE #	
ADDRESS		CITY/STATE/ZIP	

CHILD'S DENTIST		PHONE #	
ADDRESS		CITY/STATE/ZIP	

HOSPITAL OF CHOICE		PHONE #	
ADDRESS		CITY/STATE/ZIP	

SPECIAL INSTRUCTIONS IF CHILD IS INJURED

Medical Release:

I authorize Little Lambs Preschool to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me, another legal guardian, or the above emergency contact before action is taken. If it is not possible to locate us, I accept the expense. In the event of a life-threatening emergency, I understand that "911" will be called to take my child to the hospital listed above if possible, or to the closest available facility.

PARENT/GUARDIAN SIGNATURE

DATE



STATEMENT OF UNDERSTANDING

Little Lambs Preschool is a state licensed facility and follows all Colorado Rules and Regulations governed by the Early Childhood Education Department (12 CCR 2509-8). Please make sure you have read and understand all the rules listed in the parent handbook and **initial** the following:

- I understand that my child must be 3 years old by the September 15th cut-off date to attend Little Lambs Preschool.
- I understand the following school hours:
 - Half Day Session is 8:30am—11:30am
 - Full Day Session is 8:30am—3:30pm
- I understand the wrap around care policy stated in the handbook.
- I understand that all forms **MUST** be turned in before my child attends Little Lambs Preschool.
- I have reviewed and understand all tuition prices and wrap around care fees and that they are to be paid in full by the 10th of every month.
- I have read and understand all handbook policies related to COVID-19 (if applicable)
- I understand that Little Lambs Preschool is **NOT** a nut free facility.
- I understand that Little Lambs Preschool, as a part of St. Peter Lutheran Church, teaches that Jesus Christ is the Savior from sin and faith in Him saves eternally.
- I understand Little Lambs Preschool’s dismissal policy as stated in the parent/guardian handbook.

I, _____, have read, understand, agree to follow, accept the conditions of, and give authorization and approval for the activities of ALL of the additional policies and procedures stated in the handbook that are not specifically listed above.

CHILD’S NAME (PRINTED)

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN SIGNATURE

DATE