



LITTLE LAMBS STUDENT APPLICATION

2012-2013

[\$50 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION]

FOR OFFICE USE ONLY:

<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Health History
<input type="checkbox"/> Tuition Payment Forms	<input type="checkbox"/> Physical Form
<input type="checkbox"/> Walking/Volunteer Form	<input type="checkbox"/> Special Services <input type="checkbox"/> Do Not Photograph

Father Last: _____ M: _____	Mother Last: _____ M: _____
First: _____	First: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email address: _____	Email address: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Work Email: _____	Work Email: _____
School District: _____	If divorced, who has custody of the children?

What arrangements with your children should we be made aware of?

I/WE WOULD LIKE TO ENROLL OUR CHILD IN: Little Lambs 3 Little Lambs 4

Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16	

Nickname or name my child goes by [if different from first name]:

Please carefully consider your schedule. There will be a \$25.00 fee per change if you reduce your days or hours. Thank you!

***** In the event that ALL satellite locations are at capacity AND have a waitlist, a morning only student may be permitted to attend the full time site, as long as there are openings in the appropriate classroom.***

<input type="checkbox"/> AISNE STREET 5 Day Program LL3 LL4	Monday-Friday 9:00am – 2:30pm
<input type="checkbox"/> AISNE STREET 5 Day Program LL3 LL4	Monday-Friday 7:30am – 5:30pm
<input type="checkbox"/> VICTORY HIGHWAY Morning Program LL 3 LL 4	M-LL4 T-LL3 W-LL4 Th-LL3 F-LL4 9:00am – 11:45am

What church do you attend?

How did you hear about our Little Lambs Program?

Why do you want your child to attend our Little Lambs Program

Emergency Information: *If your child becomes ill and we are unable to reach you, we must have an emergency contact person who could pick up your child if necessary.*

Name: _____ Relationship: _____

Phone: _____

Injury and Accident Waiver:

1. I/We give permission for my child to take part in all school activities, including sports and school sponsored trips away from school grounds. If my child becomes seriously ill or injured while under school supervision, I approve school authorities to take the following steps:
 - a. Contact a parent/guardian
 - b. If contact cannot be made with them, contact the student's physician:
Name of Physician: _____
Phone: _____
 - c. If the student's physician cannot be reached, school authorities will use their own discretion in contacting appropriate emergency medical services.
2. I/We will be responsible for any medical expenses incurred by my child.
 - a. Insurance Name: _____
 - b. ID #: _____
3. I/We agree to relieve the school board and school employees from any liability in connection with these activities and instructions.

Financial Information: (please check appropriate box)

- I/We will pay our child's tuition.
- Our child's tuition will be paid by:
Name: _____
Address _____
Phone: _____
Relationship: _____

I/We choose the following payment plan option:

- Payment in full prior to the beginning of the school year and will receive 5% discount
- Payments made through our Tuition Program (new students must fill out tuition payment forms)

All families enter into contract with Little Lambs Preschool (LL) via this application. If for some reason LL is unable to complete processing, 50% of the registration fee will be returned. If the family withdraws the student, the entire registration fee is forfeited.

Little Lambs Preschool does not discriminate against applicants and students on the basis of race, color, and ethnic origin. The school admits students of any race to all the rights, privileges, programs, and athletic and other school administered programs.

By the signatures below, I/We signify agreement with all of the above and certify that all information is true and correct to the best of my knowledge. I/We have read the rules and regulations established by the Christian Learning Centr Board.

- I do NOT wish to be published in your family directory.
- I do NOT want my child's name and/or picture used in any public media outside the school such as television, newspaper, or school literature or website.
- I/We have read the Little Lambs Handbook and agree with the school's Christian education philosophy.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date