



**Precious Lambs**  
 Early Learning Center  
A Ministry of Gethsemane Lutheran Church

Application Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_

**Child's Application for Precious Lambs Early Learning Center**

*To be completed and placed on file prior to enrollment*

*Please note that information in this application is important for the teachers of Precious Lambs to meet your child's needs. This information is not meant to jeopardize your child's enrollment, but to help us to best understand and support your child in his/her growth and development.*

*As our handbook states, we do not discriminate on the basis of race, ethnicity, national origin, disability, or family background. We welcome all children as God's own precious children, and enroll all children of whom we can meet the physical and developmental needs.*

**It is our mission to share the love of Jesus with all children and families by providing an excellent education in a nurturing, Christ-centered environment.**

**Child's Identifying Information**

Child's Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

**Family Information**

**Father/Guardian's Name** \_\_\_\_\_

Address (circle one) SAME AS CHILD OTHER \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Best way to reach you during typical school hours \_\_\_\_\_

Marital Status: First Marriage Separated Divorced Remarried Widowed

**Mother/Guardian's Name** \_\_\_\_\_

Address (circle one) SAME AS CHILD OTHER \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Work # \_\_\_\_\_



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Employer \_\_\_\_\_ Work Address \_\_\_\_\_  
Best way to reach you during typical school hours \_\_\_\_\_  
Marital Status: First Marriage    Separated    Divorced    Remarried    Widowed  
If remarried, who is the child's natural parent?    Father    Mother

**Medical Information**

Does your child have any known allergies? No \_\_\_ Yes \_\_\_  
If yes, please give detailed information about allergens and reactions:  
Medications \_\_\_\_\_  
Foods \_\_\_\_\_  
Insect Bites \_\_\_\_\_  
Other Allergies \_\_\_\_\_

Does your child have any chronic illnesses/conditions? No \_\_\_ Yes \_\_\_  
If yes, explain:

Does your child take any medications regularly? No \_\_\_ Yes \_\_\_  
If yes, explain:

*If you do administer a medication before bringing your child to school, please communicate this to your child's teacher. Also note that Precious Lambs is not authorized to administer any medications, with the exception of life-saving medications. Please note below and talk to the director if your child needs a life-saving medication on premises. Additional permission forms will be needed.*

Is there anything else regarding the physical health of your child that we should know?

**Emergency Care Information**

Doctor & Office Name \_\_\_\_\_ Office phone \_\_\_\_\_  
Dentist & Office Name \_\_\_\_\_ Office phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_



**Emergency Contacts**

*We must have at least two emergency contacts on file. In the case that emergency medical care is required, and you cannot pick up your child, these are also persons to whom the child may be released.*

If neither father nor mother (or guardian) can be contacted, call:

_____	_____	Phone _____
(Name)	(relationship)	(cell/home/office)
_____	_____	Phone _____
(Name)	(relationship)	(cell/home/office)
_____	_____	Phone _____
(Name)	(relationship)	(cell/home/office)

**Consent for Emergency and Medical Care**

*Precious Lambs Early Learning Center agrees to make all efforts to contact the parents and to ensure transportation to an appropriate medical resource in the event of emergency. In an emergency situation, all children will be supervised by a responsible adult. We will not administer any drug or medication without specific instructions from the physician and the child's parent or guardian. We promise to provide adequate and appropriate rest, food and drink, and outdoor play.*

I agree that my child may participate in the activities of the school program. I give my consent to the teachers and staff of Precious Lambs ELC to administer first aid as needed, and to have my child taken to a physician if I cannot be contacted and a decision is made that such action is necessary.

I agree that Precious Lambs ELC teachers and staff may authorize the physician of his/her choice to provide emergency care for \_\_\_\_\_ in the event that neither I nor the family physician can be contacted immediately. I will assume the cost of necessary medical or surgical care. In the case of injury, I will not hold Precious Lambs liable for any accidental injuries my child may receive while signed in at Precious Lambs long as there is adequate teacher supervision, demonstrated by appropriate staff to child ratios.

_____	_____
(Signature of Parent/Guardian)	(Date)

**Background + Education Information**

Other Family Members, Members of the child's household:

_____	_____	_____
(Name)	(Age)	(Relationship)
_____	_____	_____
(Name)	(Age)	(Relationship)
_____	_____	_____
(Name)	(Age)	(Relationship)



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Pets \_\_\_\_\_

Baptism Date \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Current Church Membership \_\_\_\_\_

We are interested in learning more about Gethsemane Lutheran Church \_\_\_\_\_

Previous Care/Education \_\_\_\_\_

Contact Person/Teacher \_\_\_\_\_ Phone No. \_\_\_\_\_

Any other information about previous care & education \_\_\_\_\_  
\_\_\_\_\_

Why have you chosen Precious Lambs to continue your child's education and growth? \_\_\_\_\_  
\_\_\_\_\_

Child's interests \_\_\_\_\_

Child's dislikes \_\_\_\_\_

Challenges for your child (so that we might more quickly begin help your child to grow in these areas) \_\_\_\_\_  
\_\_\_\_\_

Things you feel your child excels at \_\_\_\_\_  
\_\_\_\_\_

Additional notes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Agreement to Financial Responsibility and All Policies of Precious Lambs Early Learning Center**

My child will attend Precious Lambs Early Learning Center and participate fully in its educational programs. I understand that Precious Lambs will provide its full range of classroom, educational and religious programs to my child. I understand that all children are enrolled so long as the teachers, director and committee of Precious Lambs Early Learning Center, along with the parents, determine that the needs of my child can be adequately met in our program.

I agree to pay tuition and fees including late fees and penalties for past due accounts in the amounts specified by the school in the handbook. I understand that monthly tuition is due by or on the 1<sup>st</sup> of each month, and weekly tuition is due by or on Monday of each week in which education and care is given.

I understand that failure to make arrangements with the director for financial payments due within two weeks of the date owed will terminate the enrollment of my child from the school.

I understand that temporary absence from school for sickness or vacation does not exempt me from payment of tuition owed during this time.

If I am not able to continue to meet this financial obligation, either temporarily or indefinitely, I will immediately discuss this matter with the director. Funds for emergency or long term tuition assistance are in place, but responsible, timely and honest requests for assistance are necessary to receive it.

Your signature indicates that you have read this entire enrollment form carefully and provided correct information to the best of your knowledge. You hereby give your consent and agreement to all of the above.

It further indicates that you have read and agree to abide by all of the policies and procedures of Precious Lambs Early Learning Center and its programs which are included in the handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_