

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 to help us to best understand and support your child in his/her growth and development.

As our handbook states, we do not discriminate based on race, ethnicity, national origin, disability, or family background. We welcome all children as God's own precious children and enroll all 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.**

Application Date _____ Preferred Enrollment Date _____ Enrollment Date _____

Preferred Classroom _____ Preferred Schedule (T/Th; MWF; M-F) _____

CHILD'S IDENTIFYING INFORMATION

Child's Name _____
(First) (Middle) (Last) (Nickname)

Gender _____ Due Date _____ Birth Date _____ Place of Birth _____

Child's Address _____

FAMILY INFORMATION

Father/Guardian's Name _____ Cell # _____

Home phone # _____ Work # _____ Email Address _____

Address (circle one) SAME AS CHILD OTHER _____

Employer _____ Work Address _____

Best way to reach you during typical school hours _____

Marital Status: First Marriage Separated Divorced Remarried Widowed

Mother/Guardian's Name _____ Cell # _____

Home phone # _____ Work # _____ Email Address _____

Address (circle one) SAME AS CHILD OTHER _____

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 biological parent? Father Mother

Is there anything else we should know about legal guardianship of your child? _____

MEDICAL INFORMATION

Did you have any complications in pregnancy or birth? _____

Does your child have any known allergies? No _____ Yes _____

If yes, please give information about allergens and reactions:

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, except for 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? _____

CARE AND EDUCATION BACKGROUND AND NEEDS

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? _____

What might be a challenge for your child or your family at Precious Lambs? _____

Things you feel your child will excel at _____

Precious Lambs is a ministry of Gethsemane Lutheran Church and teaches the truths of the Bible. If you have any questions about this, please talk to the Director or Pastor, and we will be happy to help.

Would you like more information about Gethsemane? _____

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 have received information about current tuition pricing. I agree to pay all 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 1st of each month, and weekly tuition is due by the Friday before each week in which education and care is given.

I understand that failure to pay for tuition 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 the above.

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

Parent Signature _____ Date _____