



APPLICATION FOR ENROLLMENT
CHRIST LUTHERAN LITTLE LAMBS PRESCHOOL
13815 Cherrywood Drive, Baxter, MN 56425
(218)829-4105

*Only **fully completed** application forms will be accepted to secure a spot.*

CHILD INFORMATION

Child's Name: _____

Date of Birth: _____/_____/_____ Male / Female

Address (Primary Residence): _____

City/State/Zip: _____

Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot _____/_____/_____

List Known Allergies: _____

Baptism Date: _____/_____/_____

Church where child was baptized: _____

CHILD'S MEDICAL PHYSICIAN/CLINIC (*Required for emergency purposes)

Name of Health Clinic: _____

Address: _____
Street City Zip

Health Clinic's Phone Number: _____

Physician's Name: _____

Physician's Phone Number: _____

EMERGENCY AUTHORIZATION

I give permission to the staff of Little Lambs Preschool to secure emergency treatment and/or emergency surgical treatment for my child

_____ while in their care.
(child's name)

Parent/Guardian Signature Date

Preferred Hospital Name: _____

Address: _____

CHILD'S DENTIST/DENTAL CLINIC (*Required for emergency purposes)

Name of Dental Clinic: _____

Address: _____
Street City Zip

Dental Clinic's Phone Number: _____

Dentist's Name: _____

Dentist's Phone Number: _____

TWO EMERGENCY CONTACTS (* 2 required – other than parents) - local

Name: _____ Relationship: _____

Address: _____

City/ State /Zip: _____

Reachable Phone Number: (_____) _____

Name: _____ Relationship: _____

Address: _____

City/ State /Zip: _____

Reachable Phone Number: (_____) _____

OTHERS AUTHORIZED TO PICK-UP CHILD (* 2 required – other than parents)

Name: _____ Relationship: _____

Reachable Phone Number: (_____) _____

Name: _____ Relationship: _____

Reachable Phone Number: (_____) _____

Name: _____ Relationship: _____

Reachable Phone Number: (_____) _____

Name: _____ Relationship: _____

Reachable Phone Number: (_____) _____

PARENT/ GUARDIAN INFORMATION

Mother/Guardian Name: _____

Date of Birth: _____/_____/_____

Address (if different from child): _____

City/ State /Zip: _____

Cell Phone Number: _____

Email Address: _____

Best way to reach you: _____

Marital Status: Married Separated Divorced Widowed Single

Custodial rights: Yes No

Occupation: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Hours of Employment: _____

Church Name / Location: _____

Pastor: _____ Member: YES / NO

Father/Guardian Name: _____

Date of Birth: _____/_____/_____

Address (if different from child): _____

City/ State /Zip: _____

Cell Phone Number: _____

Email Address: _____

Best way to reach you: _____

Marital Status: Married Separated Divorced Widowed Single

Custodial rights: Yes No

Occupation: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Hours of Employment: _____

Church Name / Location: _____

Pastor: _____ Member: YES / NO

SIBLINGS

Brother(s) Name	Age	Sister(s) Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHEDULE DESIRED

Circle the hours and the days

M/T/W/TH/F

M/W/F

T/TH

Half Day classes RUN FROM 7:45am-12:30pm

Full Day classes RUN FROM 7:45am-4:45pm

*2 day minimum is required

** 1 day options may be considered after Aug.1

*If the class I circled above is full, I wish to be on a waiting list. YES / NO

Special needs of which Little Lambs Preschool should be aware of:

dietary, medical, developmental, etc.

What would you like your child to gain from his/her time at Little Lambs Preschool?:

Along with this enrollment form, I have submitted a \$75/student registration fee, which is non-refundable.

I have completed all enrollment information to the best of my knowledge with truthful, accurate information. I have been given a copy of Little Lambs Policies and Procedures, read them, and taken time to ask questions I may have so I fully understand the Preschool's Policies and Procedures. Failure to comply with these policies and procedures may result in the dismissal of my child from Little Lambs Preschool.

Parent/Guardian Signature

Date