

Please check one:

- Red Class
(3-4 year olds)
Tues, Thurs
- Blue Class
(4-5 year olds)



Our Redeemer's Little Lambs Preschool Student Enrollment Information

Child's First Name _____ Middle _____ Last _____

Child's Address _____

City _____ State _____ Zip _____

Child's Age Today _____ Child's Birth Date _____

Mother's Name _____

Mother's Address (if different than above) _____

Cell Phone _____ Home Phone _____

Mother's Work _____ Mother's Email _____

Father's Name _____

Father's Address (if different than above) _____

Cell Phone _____ Home Phone _____

Father's Work _____ Father's Email _____

Please include instructions how parents can be reached while child is at preschool:

Phone Numbers (if different than above): _____

Emergency Contacts

State Licensing requires two emergency contacts other than the child's parents/guardians to be on file.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Work Phone _____ Relationship to Child _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Work Phone _____ Relationship to Child _____

Names and telephone numbers of people authorized to remove your child from Our Redeemer's Little Lambs Preschool (other than parents/guardians):

Name(s) _____ Phone _____

Name(s) _____ Phone _____

Name(s) _____ Phone _____

Children may not leave with anyone not listed above unless written permission is obtained prior to pick up.

Photo ID is required at time of pick up for anyone teachers do not know.

Medical Information

Child's Physician _____ Phone _____

Address _____ City _____ State _____

Child's Dentist _____ Phone _____

Address _____ City _____ State _____

In the event of an emergency situation, please list the medical institute/hospital you would like us to contact first: _____ Phone _____

I give permission to Our Redeemer's Little Lambs Preschool staff to call emergency services and act on my behalf in an emergency situation if I (parent/guardian) cannot be reached or if I am delayed.

Parent Signature _____ **Date** _____

Please list and describe your child's known allergies (NOTE: **All** allergies require an Individual Child Care Program Plan for Known Allergies): _____

Please list and describe your child's specific medical needs: _____

Please list and describe your child's specific dietary needs: _____

Please list all other information about your child you would like us to be aware of: _____

Has your child had any other social experiences outside your home (Childcare, ECFE, Sunday School, Preschool)? Please list all: _____

Has your child attended preschool screening? Yes No If yes, when? _____

Do you have a church home? Yes No
If yes, please include the name of your church: _____

Has your child been baptized? Yes No

I have received and read the Our Redeemer's Little Lambs Preschool Parent Handbook.

Print Parent Name _____

Parent Signature _____ **Date** _____

Attendance and Payment Contract

Please check one:

- I understand that the 3-4 year old Little Lambs Preschool class meets Tuesday and Thursday mornings from 8:30-11:30am. Tuition is \$130.00 per month and due on or before the first day of each month.
- I understand that the 4-5 year old Little Lambs Preschool class meets Monday, Wednesday and Friday mornings from 8:30-11:30am. Tuition is \$170.00 per month and due on or before the first day of each month.

If payment is not received on or before the first day of the month, a late notice will be sent out and a \$10.00 late fee will be applied. Acceptations will be made only if discussed and agreed upon in advance with the director.

Please initial each statement:

_____ I understand that if payment is not received by the 10th day of the month, my child will temporarily be suspended from attending class until payment has been made.

_____ I understand that tuition will not be adjusted or reduced for illness, vacation, holidays, extended absences or any other unanticipated absences or closures.

_____ I understand that it is my responsibility to notify the director when my child will not be in attendance.

_____ I understand that if for any reason I choose to withdraw my child from Little Lambs Preschool, I am to provide a written notice to be given at least 30 days prior to the last day and I will be responsible to pay tuition for the last month my child is in attendance.

_____ I understand that Our Redeemer's Little Lambs Preschool meets from 8:30 to 11:30am and it is my responsibility to walk my child to his/her classroom, sign them in at 8:30 and sign them out at 11:30.

_____ I understand that if someone other than a parent/guardian is picking up my child, I am required to provide written documentation including the date and the first and last name of the person picking them up. *Children may not leave with anyone other than their parent/guardian or authorized pick up person unless we have permission in writing and the person picking them up has photo ID.

_____ I understand that this contract reserves a position for my child with Our Redeemer's Little Lambs Preschool for the 2024-2025 school year.

_____ I understand that the deposit will be applied to the first month of tuition and is nonrefundable.

Print Parent Name _____

Parent Signature _____ Date _____

Permissions

Research Permission

Occasionally we may have research projects conducted with parents and/or students of Little Lambs Preschool. For example, a student teacher in the classroom may be required to conduct observations for his or her class, we may send home parent surveys or other research. Further information may be given at the time the research or observations begin and parents and students will not be identified by name. I give permission for me and/or my child to participate in research projects for Our Redeemer's Little Lambs Preschool. I understand that my child and I will not be identified by name.

Print Parent Name _____

Parent Signature _____ Date _____

Public Relations Permission

Occasionally we would like to photograph, videotape or voice record parents and/or students of Little Lambs Preschool for class projects, crafts, preschool graduation DVD's, bulletin boards, photo displays and/or to promote Little Lambs Preschool in brochures, newsletters, newspapers, flyers, church services, church directories, etc. Parents and students will not be identified by name.

I give permission for me and/or my child to be photographed, videotaped or voice recorded for Our Redeemer's Little Lambs Preschool. I understand that the photos will not be identified by name and will be used for class projects and/or to promote Our Redeemer's Little Lambs Preschool program.

Print Parent Name _____

Parent Signature _____ Date _____

Remind 101 Permission

Little Lambs Preschool uses Remind 101 to send information via text to all parents/guardians. For example: school closings, school events, tuition reminders, ect. Remind 101 helps you stay connected with preschool and **does not** share phone numbers. Please visit www.remind.com for more information. I give permission for Our Redeemer's Little Lambs Preschool staff to add my cell phone number to Remind 101 to receive periodic text updates and reminders concerning preschool. I understand that I may stop receiving texts at any time.

Print Mother's Name _____

Mother's Signature _____ Date _____

Print Father's Name _____

Father's Signature _____ Date _____

Hand Cream/Lotion Permission

Due to handwashing, children's hands may become dry and chapped during winter months. Little Lambs Preschool provides Jergens Ultra Healing hand cream for teachers to apply to children. **If you would like**

to provide your own hand cream, it must be store-bought, it must be in the original container with ingredients listed, and your child's first and last name must be written on the bottle.

Please sign below to give permission for Little Lambs Staff to apply hand cream to your child. Staff will supervise children during the application process.

I give permission for Little Lambs Preschool staff to apply hand cream to my child as needed throughout the day to help prevent dry, chapped skin.

Print Parent Name _____

Parent Signature _____ Date _____