



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

Please complete this form and return it to the center director.

CHILD INFORMATION

Child's Name: _____

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

Address (Primary Residence): _____

City/State/Zip: _____

Home Phone Number: _____

Baptism Date: _____/_____/_____

Church where child was baptized: _____

PARENT/ GUARDIAN INFORMATION

Mother/Guardian Name: _____

Date of Birth: _____/_____/_____

Address (if different from child): _____

City/ State /Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Best way to reach you: _____

Marital Status: Married Separated Divorced Widowed Single

Email Address: _____

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: _____

Home Phone Number: _____

Cell Phone Number: _____

Best way to reach you: _____

Marital Status: Married Separated Divorced Widowed Single

Email Address: _____

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
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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OTHERS AUTHORIZED TO PICK-UP CHILD

Name: _____ Relationship: _____

Reachable Phone Number: (_____) _____

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SCHEDULE DESIRED

Circle the hours and the days

M/T/W/TH/F

M/W/F

T/TH

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

Full Day classes RUN FROM 7:30am-5:15pm

*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?:

TWO EMERGENCY CONTACTS *(other than two parents)*

Name: _____ Relationship: _____

Address: _____

City/ State /Zip: _____

Reachable Phone Number: (_____) _____

Name: _____ Relationship: _____

Address: _____

City/ State /Zip: _____

Reachable 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

CHILD'S MEDICAL PHYSICIAN/CLINIC

Name of Health Clinic: _____

Address: _____

Street

City

Zip

Health Clinic's Phone Number: _____

Physician's Name: _____

Physician's Phone Number: _____

CHILD'S DENTIST/DENTAL CLINIC

Name of Dental Clinic: _____

Address: _____
Street City Zip

Dental Clinic's Phone Number: _____

Dentist's Name: _____

Dentist's Phone Number: _____

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

I have completed this enrollment information to the best of my knowledge with accurate information. I have been given, read and understand the Preschool's Policies and procedures. I understand that failure to comply with these policies and procedures may result in the dismissal of my child from Little Lambs Preschool.

Parent/Guardian Signature

Date