

LITTLE LAMBS EARLY LEARNING PROGRAM
Shepherd of the Prairie, ELCA
10805 Main St.
Huntley, IL 60142
littlelambs@sotpmail.com
APPLICATION FOR ADMISSION

Child's Name (First) _____ (Last) _____ (Middle) _____
 (Nickname) _____ Birth Date _____ F or M (circle) _____

First name(s) & age(s) of sibling(s): _____

School Year **2017-2018** My child will attend on: **__Wed. &/or __Tues./Thurs.**

Parent/Guardian Information

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
Phone Number _____	Phone Number _____
Cell Number _____	Cell Number _____
Email address: _____	Email address: _____
Place of Employment _____	Place of Employment _____
Address _____	Address _____
Work Number _____	Work Number _____
Work Hours _____	Work Hours _____
Church Attended _____	Church Attended _____

In case of illness or emergency, if unable to reach parents, contact in this order:

1) Name _____ Daytime # _____ Cell # _____
 Address _____ Relationship to child _____
 2) Name _____ Daytime # _____ Cell # _____
 Address _____ Relationship to child _____
 3) Name _____ Daytime # _____ Cell # _____
 Address _____ Relationship to child _____

Persons authorized to pick up your child (include parents):

1) _____ 3) _____
 2) _____ 4) _____

TERMS AND CONDITIONS

1. If your child is entering the Little Lambs Early Learning Program for the first time, the enrollment is provisional for the initial four-week period during which readiness for and adaptability to the classroom environment will be determined. The Little Lambs staff reserves the right to dismiss a child at any time, and in this event, tuition will be prorated for the period of attendance.
2. Shepherd of the Prairie Church provides staffing for the entire school year. Because of the program's financial commitments, **tuition is not subject to adjustments** because of illness, absence, "weather days", holidays, family vacation days or withdrawal of the child. In the event of an accident or chronic serious illness, please contact the teacher.
3. I agree that any pictures taken of my child at Shepherd of the Prairie may be used for promotional purposes.
4. In consideration of the acceptance of a child in Little Lambs Early Learning Program, the parent agrees to indemnify Shepherd of the Prairie, and all persons assisting in the program, from any and all action, claim, cause, suit, debt, damages, judgments and demands whatsoever, in law or in equity, for loss or damage including personal injury or death, whether or not caused by my child's negligence while participating in the program.

"I have read the above Terms and Conditions, and agree to be bound thereto."

 (Parent/Guardian Signature)

 (Date)

continued →

Name: _____

Allergies/Medications

If your child has allergies/asthma please list: _____

Does your child take any daily prescription medications? Yes No

Will your child need to use an inhaler while at school? Yes No

Does your child require emergency medication for bites, i.e. bee stings? Yes No

(Please indicate how and when)

Are there any physical or other concerns that we should be made aware of in order to best serve your child? Yes No If yes, please explain _____

Signature authorizing inhaler use and/or administration of emergency medicine to be kept on school premises: _____

(Parent/Guardian)

(Date)

Medical Emergency

In case of medical emergency, every effort will be made to contact parent or emergency contact person. If unable to reach parent, I give permission to Shepherd of the Prairie to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. In cases of life threatening illness, parents give consent for treatment to be administered based on the decisions of the Little Lambs Early Learning Program staff. Parents will be contacted as soon as it is medically feasible.

By initialing the following, I give my consent for Shepherd of the Prairie to:

_____ Administer First Aid/CPR if needed.

_____ Call the Paramedics for treatment/transport to an emergency center

_____ Secure the services of a licensed physician

_____ Allow Little Lambs Early Learning Program staff to authorize any necessary treatment to insure the well being of my child.

_____ I understand that while Little Lambs highly recommends that all children are vaccinated, it is not a requirement for attendance and they cannot guarantee that all children attending have been vaccinated for childhood diseases.

(Parent/Guardian Signature)

(Relationship to child)

Date

Physician Information

Doctor's Name _____ Phone Number _____

Address _____

Where did you hear about SOTP's Little Lambs Program? _____

Is there anything we should be aware of to help serve your child? _____

For Office Use Only

Registration fee paid \$ _____ date _____ check# _____ date started: _____

Reg. Forms _____ Tuition Form _____ Handbook Form _____ Consent Form _____