



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

*Please **fully 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**

<b>Brother(s) Name</b>	<b>Age</b>	<b>Sister(s) Name</b>	<b>Age</b>
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**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: (\_\_\_\_\_) \_\_\_\_\_

**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**

\*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.*

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

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**TWO EMERGENCY CONTACTS** (\* 2 required – other than 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** (\*Required for emergency purposes)

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** (\*Required for emergency purposes)

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