

**Little Lambs Preschool
Registration Form 2024-2025**

Little Lambs Preschool adheres to public school age requirements. Your child must be the appropriate age on or before September 1st of the school year for which they are being enrolled. A child Immunization Record is required in accordance with the current South Carolina DHEC immunization schedule at time of registration. Exemption letters are not accepted.

___ Three-day-Twos (\$190 per month)	TWTH
___ Five-day Twos (\$280 per month)	M-F
___ Three-day Threes (\$190 per month)	TWTH
___ Five-day Threes (\$280 per month)	M-F
___ Three-day Fours (\$190 per month)	TWTH
___ Five-day Fours (\$280 per month)	M-F

(There is a 10% discount for second child's tuition if it is equal to or less than first child's tuition.)

Little Lambs Preschool tuition is based on a 10-month school year, August through May. The rate is not based on the number of days a student attends.

STUDENT INFORMATION

Child's Name: _____
(Last) (First) (MI) (Nickname)

Date of Birth: _____ Sex: _____

Home Address: _____
City _____ zip code _____

Mother's Name: _____ Phone _____

Email _____

Place of Employment: _____

Father's Name: _____ Phone: _____

Email _____

Place of Employment: _____

Siblings (and ages) _____

EMERGENCY CONTACT OTHER THAN PERSONS LISTED ABOVE:

Name: _____ Phone: _____ Relationship: _____

PHYSICAL AND MENTAL HEALTH INFORMATION: (i.e., allergies, speech impairment, vision or hearing weakness, learning disorder, physical limitations):

BENADRYL RELEASE

I, _____ mother/father of _____ give Little Lambs Preschool caregiver permission to administer an oral dose of Benadryl or its generic equivalent to my child, _____, if there is evidence of an allergic reaction. The caregiver will contact the parent as soon as possible. Child's weight _____, age _____
Signature _____ Date _____

EMERGENCY MEDICAL CONSENT

I, _____ mother/father of _____

Do hereby give permission to the personnel of Little Lambs Preschool to secure and authorize such emergency medical care and/or treatment that my child might require while under the supervision of the said school personnel. I also agree to pay all costs and fees incurred by any emergency medical treatment for my child as secured under this consent. Every effort will be made to notify parents immediately in case of an emergency.

Parent’s Signature _____ Date _____

PHOTOGRAPH RELEASE

Little Lambs Preschool has permission to use my child’s photograph in Class Dojo and/or LLPS Facebook page.

Yes _____ No _____ Child _____

Signature _____ Date _____

Child’s Physician: _____ Phone _____

Child’s Dentist: _____ Phone _____

Church Affiliation: _____

Are you interested in the following offerings at Eternal Shepherd Lutheran Church?

A schedule of services _____ Sunday school _____ Bible Study _____ Family Activities _____

Women’s Group _____ Pastor Visit _____

With this registration, I have enclosed the registration fee of \$75 (If more than 1 child, \$50 per child. I understand that Little Lambs Preschool is a private school whose goal is to provide a positive, Christian preschool environment. It is the right of the Little Lambs Preschool Board and preschool director to dismiss my child if, after the proper review, they deem it necessary.

How did you hear about us? _____

Parent Signature

Date

Please make check payable to Little Lambs Preschool and submit with application to: Little Lambs Preschool, 220 Carson Road, Seneca, SC 29678. Phone (864)882-3202 or (864) 565-5552

E-mail: preschool@eternalshepherd.org.

Director: Gina Cote