

**Little Lambs Preschool  
Registration Form 2026-2027**

Little Lambs Preschool adheres to public school age requirements. Your child must be the appropriate age on or before September 1<sup>st</sup> 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.

**A registration and supply fee are due at the time of registration.**

These fees can be paid by check to Little Lambs Preschool, cash or online.

\_\_\_ Registration fee \$75 per child (if more than 1 child, \$50 per child)

\_\_\_ Supply fee \$75 per child (includes Little Lambs t-shirt)

**Please choose the class which you are enrolling your student**

\_\_\_ Three-day-Twos (\$200 per month) TWTH

\_\_\_ Five-day Twos (\$290 per month) M-F

\_\_\_ Three-day Threes (\$200 per month) TWTH

\_\_\_ Five-day Threes (\$290 per month) M-F

\_\_\_ Three-day Fours (\$200 per month) TWTH

\_\_\_ Five-day Fours (\$290 per month) M-F

*(There is a multiple child discount of 10% off the lowest tuition rate)*

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.

\* \_\_\_\_\_ Age of Child at September 1<sup>st</sup> cut off.

**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: \_\_\_\_\_

**Does your child have any special needs or currently receive any services such as Speech Therapy, Occupational Therapy, or Physical Therapy?** Yes or No (circle) If yes, please list which services they receive:

**Please note:** Little Lambs Preschool is not staffed to provide individualized assistance or specialized services for children who require additional support. Sharing any developmental, medical, or learning needs prior to registration allows us to determine whether we can provide a safe and appropriate placement for your child.

Does your child have any allergies? Yes or No (circle) If yes, please list below:

**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.  
Class DoJo (This is only used within our school) Yes \_\_\_\_\_ No \_\_\_\_\_  
Little Lambs Preschool Facebook Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

**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](mailto:preschool@eternalshepherd.org). Director: Gina Cote*

*Website: [www.eternalshepherd.org](http://www.eternalshepherd.org)*

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**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 \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_