



# Little Lambs



of Lord & Savior Preschool  
9300 Ridgfield Road  
Crystal Lake, IL 60012

Director Patricia Vanderheyden (815) 261-8022

## APPLICATION FOR ADMISSION

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

School Year \_\_\_\_\_ Days and times my child will attend \_\_\_\_\_

### Parent or other person(s) placing the child

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Relation to child \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell &/or Pager # \_\_\_\_\_ Cell &/or Pager # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work Number \_\_\_\_\_ Work Number \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Hours \_\_\_\_\_

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

Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

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

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Physician Information**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Allergies / Asthma ... \_\_\_\_\_

**\*\* If there are any changes regarding special needs, I will update the application. Initial on file.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information will be helpful in understanding your child:**

First name and ages of other children in the family \_\_\_\_\_

Things that frighten your child? \_\_\_\_\_

Favorite things to do? \_\_\_\_\_

Pets in the family? \_\_\_\_\_

***Where did you first hear about our school?***

---

---

**TERMS AND CONDITIONS**

1. If your child is entering school for the first time, the enrollment is provisional for the initial five-week period during which readiness for and adaptability to the classroom environment will be determined. The director reserves the right to dismiss a child at any time, and in this event, tuition will be prorated for the period of attendance.
2. The school provides a full-time professional staff for the entire school year. Because of the school's financial commitments, **tuition is not subject to adjustments** because of illness, absence, "weather days", holidays, family vacation days or withdrawal of the child.
3. In consideration of the acceptance of a child as a student in the school, the parent agrees to indemnify Little Lambs of Lord and Savior Preschool, its director and employees against any claim and demands made by or on behalf of the child.
4. I agree that any pictures taken of my child at Little Lambs of Lord and Savior Preschool may be used for promotional purposes.
5. I agree that Little Lambs of Lord and Savior Preschool staff may take my child on field trips and/or walking trips as planned. In consideration of services rendered by the faculty and others, I exempt Little Lambs of Lord and Savior Preschool and all persons assisting in the activity from all liability from accident and illness.

"I have read the above terms and conditions and the current Registration and Tuition Policy, and I will comply."

\_\_\_\_\_  
**(Parent Signature)**

\_\_\_\_\_  
**(Date)**

FOR OFFICE USE

Registration fee received    date \_\_\_\_\_ amount \_\_\_\_\_ check # \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Date of Dismissal \_\_\_\_\_

This includes information from DCFS forms 428 & 593

