

1900 W. Pine Street Sandpoint, ID 83864

## 2023-2024 APPLICATION FOR ENROLLMENT & RE-ENROLLMENT

Your application will be reviewed and upon acceptance you will receive a letter in the mail with further information.

## \*\*FOR OFFICE USE ONLY\*\* 2023-2024 School Year

## Registration Payment \$100 Per Student

| Date Billed | Date Received |
|-------------|---------------|
|             |               |

| Student Information                                                                                                                                                                                                                                                                                                                            |                                                                   | ition <sup>G</sup>                                                       | rade entering: | □ Preschool    | □ Pre-K    | □ K     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|----------------|----------------|------------|---------|
| Last name: First name:                                                                                                                                                                                                                                                                                                                         | MI:                                                               |                                                                          |                |                |            |         |
| Birth date: / / Age:                                                                                                                                                                                                                                                                                                                           | Gender: Race                                                      | (The name your child will practice writing) Race or ethnicity (optional) |                |                |            |         |
| Home Address:                                                                                                                                                                                                                                                                                                                                  | Prima                                                             | ry Phone:                                                                |                | Does this #    | receive te | xt? Y/N |
| City, State, Zip:                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                          |                |                |            |         |
| Email Address (Primary):                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                          |                |                |            |         |
| Please list the names and ages of any other children                                                                                                                                                                                                                                                                                           | in the family:                                                    |                                                                          |                |                |            |         |
| Name: Birthdate                                                                                                                                                                                                                                                                                                                                | Na                                                                | Name: Birthdate                                                          |                |                |            |         |
| Name: Birthdate                                                                                                                                                                                                                                                                                                                                | Na                                                                | Name: Birthdate                                                          |                |                |            |         |
|                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                          |                |                |            |         |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                          | oth parents in the home ather only □ Mother of Employ.  Job Title | □ Part-tim<br>lly □ Guardia<br>Guardian name<br>er:                      |                | rmation Phone: |            |         |
| Home E-mail:                                                                                                                                                                                                                                                                                                                                   | Home E                                                            | Home E-mail:                                                             |                |                |            |         |
| Cell Phone #:                                                                                                                                                                                                                                                                                                                                  | Cell Pho                                                          | Cell Phone #:                                                            |                |                |            |         |
| Name of step-parent (if applicable)                                                                                                                                                                                                                                                                                                            | Name o                                                            | Name of step-parent (if applicable):                                     |                |                |            |         |
| Church Affiliation  Is your family active in a church?Yes No If you do not have a church home or are inactive in your church, would you be interested in information about Christ Our Redeemer Lutheran Church?Yes No  Is your child Baptized?Yes No If not, would you like information on Baptism?Yes No  Name of your church: Pastor's name: |                                                                   |                                                                          |                |                |            |         |

| Emergency Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|--|--|--|--|
| Physician: Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dentist:                                                                                                                                                                                                                                            | Phone:                         |  |  |  |  |  |
| Specific allergies & other conditions— If none, please write NONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
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| Two other persons we may contact in case of an emergency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| Name: Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name:                                                                                                                                                                                                                                               | Phone:                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IMMUNIZATIONS: Little Lambs Lutheran Preschool & Kindergarten is required by the State of Idaho to have complete immunization records on file for each enrolled student. All registrants must submit a copy of this information prior to attending. |                                |  |  |  |  |  |
| IN CASE OF EMERGENCY: As the parent or legal guardian of the child named on this form, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| Signature of Parent/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                                                                                                                                                                                                                                |                                |  |  |  |  |  |
| Additiona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l Information                                                                                                                                                                                                                                       |                                |  |  |  |  |  |
| Additional Information  BIRTH CERTIFICATE: Idaho state law requires Little Lambs Lutheran Preschool & Kindergarten to have a birth certificate on file for each enrolled student. All registrants must submit a copy of this certificate prior to the start of school.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| School attended last year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| If you are a first-time enrollee, how did you hear about Little Lamb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | os Lutheran Preschool (                                                                                                                                                                                                                             | & Kindergarten?                |  |  |  |  |  |
| Were you referred by a Little Lambs Family or Friend? □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | □ No If yes, who                                                                                                                                                                                                                                    | shall we thank?                |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| Tuition & R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | egistration Fee                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| **For Office Use Only** TUITION RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | : □ Full □ Active C                                                                                                                                                                                                                                 | COR Member   WETAP             |  |  |  |  |  |
| Due to limited enrollment, you are encouraged to return this form as soon as possible for consideration. Upon review and acceptance, you will receive an emailed invoice for your Registration Fee or a letter detailing further steps needed to complete enrollment. Fee's can be paid online or in office with cash, check, or ACH. Make all checks payable to Little Lambs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| Please check your preference for tuition plan preferred:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul> <li>□ Pay tuition for entire school year in August</li> <li>□ 9 1/2 Monthly Payments September-June</li> </ul>                                                                                                                                 |                                |  |  |  |  |  |
| Tuition is due by the first of the month and late after the 10th of the month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| <ul> <li>Failure to keep accounts current may result in termination of educational services.</li> <li>Little Lambs Lutheran Preschool &amp; Kindergarten does not guarantee admissions to any applicant. It is the mission of Little Lambs Lutheran Preschool &amp; Kindergarten to provide quality, Christian education to all of its students. Little Lambs Lutheran Preschool &amp; Kindergarten recognizes that there may be an applicant for admission whose background and circumstances are such that the applicant would require extraordinary attention and/or resources, and their admission would therefore disproportionately reduce the attention and resources available to other students. Little Lambs Lutheran Preschool &amp; Kindergarten also recognizes that there may be an applicant with a background which suggests that the applicant may pose a potential risk to other students. Little Lambs Lutheran Preschool &amp; Kindergarten must consider the best interest of its student body as a whole, and for this reason, it is the policy of Little Lambs Lutheran Preschool &amp; Kindergarten to dismiss and/or not accept such an applicant.</li> </ul> |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| The signature below indicates that the parents are familiar with, and agree to, the policies of Little Lambs Lutheran Preschool & Kindergarten as expressed in the Parent Handbook, and agree to support Little Lambs Lutheran Preschool & Kindergarten in reference to prayer, policy, and financial commitments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                     |                                |  |  |  |  |  |
| Father's signature (or Legal Guardian)  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mother's sign                                                                                                                                                                                                                                       | ature (or Legal Guardian) Date |  |  |  |  |  |