

# APPLICATION FOR ENROLLMENT



100 Main Street  
P.O. Box 67 Danube, MN 56230  
(320) 826-2280 [www.littlelambseclc.org](http://www.littlelambseclc.org)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please complete this form and return it to:  
one of the four supporting WELS churches, mail it in, or email it to [admin@littlelambseclc.org](mailto:admin@littlelambseclc.org).*

## CHILD INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F

Address (Primary Residence): \_\_\_\_\_

Home Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Baptism Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Church where child was baptized: \_\_\_\_\_

Previous Child Care Experience (Center or Home): \_\_\_\_\_

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Please list any special or individual program needs of which LLLC should be aware:  
(Habits, routines, fears, likes)

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Please list any dietary or medical needs of your child:

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**PARENT / GUARDIAN INFORMATION**

Mother / Guardian Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address (if different from child): \_\_\_\_\_  
Home Phone Number: ( \_\_\_\_ ) \_\_\_\_\_  
Cell Phone Number: ( \_\_\_\_ ) \_\_\_\_\_  
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): \_\_\_\_\_  
Home Phone Number: ( \_\_\_\_ ) \_\_\_\_\_  
Cell Phone Number: ( \_\_\_\_ ) \_\_\_\_\_  
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

**FAMILY INFORMATION**

Others in the Household	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHERS AUTHORIZED TO PICK-UP CHILD**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**CONTACT INSTRUCTIONS**

Please list the order of how you (the parent/guardian) would like to be reached while your child is attending LLLC and if any extra steps need to be taken:

(ex. Leave a message, call extension, call this # first then this #)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**DESIRED SCHEDULE (HOURS OF OPERATION - 7:15AM-5:15PM)**

Monday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

Care needed started on: \_\_\_\_\_

If an opening is unavailable by this date, would you like to remain on a waiting list for when a position does become available? YES / NO

What would you like your child to gain from his or her time at Little Lambs Learning Center?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Little Lambs Learning Center?

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*I have read the Little Lambs Learning Center's Parent Handbook and agree to follow the policies and support the ministry of the early childhood program.*

***Enclosed along with this application is a non-refundable \$50.00 registration fee.***

*The first week's tuition will be paid on my child's first day of enrollment.*

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Parent / Guardian Signature

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Date

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Parent / Guardian Signature

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Date

FOR OFFICE USE ONLY

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration Fee Paid: \_\_\_\_

Check #: \_\_\_\_\_

Waiting List: \_\_\_\_