

**Little Lambs Learning Center**  
A Ministry of Lamb of God Lutheran Church  
11716 County Line Road, Madison, AL 35756  
256-464-3900      [www.lambofgodchurch.org](http://www.lambofgodchurch.org)

## ENROLLMENT FORM

### STUDENT INFORMATION:

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Church Currently Attended \_\_\_\_\_

### PARENT INFORMATION:

Father's name \_\_\_\_\_ Address, if different \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Employer \_\_\_\_\_ email: \_\_\_\_\_

Driver's License state and number \_\_\_\_\_

Mother's name \_\_\_\_\_ Address, if different \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Employer \_\_\_\_\_ email: \_\_\_\_\_

Drivers License state and number \_\_\_\_\_

### EMERGENCY CONTACTS (OTHER THAN PARENTS):

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Driver's License state and number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Driver's License state and number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Driver's License state and number \_\_\_\_\_

### PERSON WHO WILL USUALLY PICK UP CHILD \_\_\_\_\_

Should I find it necessary to send anyone other than the above named people to pick up my child, I agree to inform the school in writing or by phone. I will inform the designated person to expect to provide driver's license identification. Said person will be expected to sign their full name in the sign in/out book.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Is there anyone who is legally prevented from picking up your child? \_\_\_\_\_  
Please Provide a copy of the documentation as well as a photo/description to aid us.

# DEVELOPMENTAL HEALTH HISTORY

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Nickname \_\_\_\_\_

## PHYSICAL HEALTH

Check any medical problems your child has had in the past:

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Chicken Pox       | <input type="checkbox"/> Mumps           | <input type="checkbox"/> bronchitis        |
| <input type="checkbox"/> Hepatitis         | <input type="checkbox"/> Eczema          | <input type="checkbox"/> Whooping Cough    |
| <input type="checkbox"/> Scarlet Fever     | <input type="checkbox"/> Strep throat    | <input type="checkbox"/> Tuberculosis      |
| <input type="checkbox"/> Frequent Vomiting | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Bladder Infection |

Other: \_\_\_\_\_

Does your child have any allergies? If so, to what? \_\_\_\_\_

How severe? \_\_\_\_\_

Does your child take regular medications? If so, what and why? \_\_\_\_\_

Has your child ever been hospitalized? If so, when and why? \_\_\_\_\_

Does your child have any chronic illnesses or health problems such as:

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> cerebral palsy      | <input type="checkbox"/> developmental delay  |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> frequent earaches   | <input type="checkbox"/> hemophilia           |
| <input type="checkbox"/> heart disorder   | <input type="checkbox"/> lung disorder       | <input type="checkbox"/> eye or ear diseases  |
| <input type="checkbox"/> seizure disorder | <input type="checkbox"/> orthopedic problems | <input type="checkbox"/> nose/throat problems |
| <input type="checkbox"/> abdomen/hernia   | <input type="checkbox"/> nutrition problems  | <input type="checkbox"/> endocrine problems   |

Other: \_\_\_\_\_

Do you have any other concerns about your child's health? \_\_\_\_\_

Does your child have any problems talking or making sounds? \_\_\_\_\_

Walking, running, moving? \_\_\_\_\_

Seeing? \_\_\_\_\_

Hearing? \_\_\_\_\_

Using his/her hands (such as with puzzles or small building pieces)? \_\_\_\_\_

# SOCIAL RELATIONSHIPS/PLAY

Names/Ages of siblings \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Names/Ages of half or step siblings \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Names of step parents \_\_\_\_\_

Are your child's eating patterns typical? If not, please describe: \_\_\_\_\_

\_\_\_\_\_

How does your child indicate bathroom needs? \_\_\_\_\_

\_\_\_\_\_

Does your child need any help in his area? \_\_\_\_\_

What are your child's regular sleep patterns? Awake at: \_\_\_\_\_ Asleep at: \_\_\_\_\_ Nap? \_\_\_\_\_

Does your child typically play with children of the same age? \_\_\_\_\_

Is your child typically:

\_\_friendly

\_\_aggressive

\_\_shy

\_\_withdrawn

Does your child play well alone? \_\_\_\_\_

What are your child's favorite play activities? \_\_\_\_\_

\_\_\_\_\_

What things frighten your child? \_\_\_\_\_

How does your child handle her/his fears? \_\_\_\_\_

Who is the child's main caretaker? \_\_\_\_\_

Briefly describe your child's personality and any other information that you wish to share with us that will assist us in providing a positive experience for you and your child. Thank you for trusting us with your most precious possession!

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY AUTHORIZATION

## PHYSICIAN

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## ALLERGIES

Please list any known allergies and what reactions to expect:

Medication \_\_\_\_\_

Foods \_\_\_\_\_

Insects \_\_\_\_\_

Other allergies or health concerns \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONSENT FORM

I give consent and hereby agree:

To have the staff administer first aid as needed,  
To have my child taken to an emergency room via ambulance if I cannot be  
contacted and a decision is made that such action is warranted,  
And that I will be financially liable for the same.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred Doctor \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Insurance Company \_\_\_\_\_

Primary Insured's name \_\_\_\_\_

Primary Insured's Date of Birth \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

# FINANCIAL POLICY/AGREEMENT FORM

Please read and initial each true statement:

\_\_\_\_ My Child, \_\_\_\_\_, will attend Little Lambs Learning Center and participate in its educational programs. I understand that a full range of classroom, educational, and religious instruction will be provided.

\_\_\_\_ I agree to pay tuition and fees (including late fees and penalties for past due accounts) in the amounts specified by the school. I understand that monthly tuition is due prior to or on the first school day of each month of the school term.

\_\_\_\_ I have paid the non-refundable \$75.00 registration fee on this date. \_\_\_\_\_

\_\_\_\_ My child will be in the 2 day program. (\$95/month)

\_\_\_\_ My child will be in the 3 day program. (\$135/month)

\_\_\_\_ I paid the material fee (\$35), due on/before the first day of school on this date. \_\_\_\_\_

\_\_\_\_ I have received a copy of the Parent Handbook for LLLC or read it online at [www.lambofgodchurch.org](http://www.lambofgodchurch.org).

\_\_\_\_ I have completed the Enrollment Form, Developmental Health History Form, Emergency Authorization Form, and the Financial Policy Form.

\_\_\_\_ I understand that my child cannot be enrolled without having the Alabama Child Immunization Record (blue card) appropriately completed and updated in the current student file.

Signatures below indicate that I have read this Agreement Form carefully and provided correct information to the best of my knowledge, and that I give consent and agree to all of the above. It further indicates that I have read and agree to abide by all the policies and procedures of Little Lambs Learning Center program as spelled out in the Parent Handbook and any revisions and addendum as they become necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

