



8116 Killearn Plaza Circle, Ste 104
Tallahassee, FL 32312
850-765-2599



Greetings Parents,

Thank you for your interest in Little Lambs Christian Academy. Enclosed in this packet is the application and parent questionnaire to begin your child's enrollment process. Please submit the completed application and questionnaire to our office (in person or by email) and attach the \$25.00 (non-refundable) application fee.

After submitting the application and fee, please allow three business days for review/processing. All student applications are reviewed with care, love, and first-come-first serve basis. If we are unable to accommodate your student for any reason, you will be notified in writing.

Note: Tours are required before enrollment approval. Upon your child's acceptance into our program, a financial agreement and the \$150.00 (non-refundable) enrollment fee must be submitted in order for your child to be considered "enrolled" and your child's spot reserved in our program.

Tuition is due every 1st of the month and your child's first month must be paid before their start date. We will also provide access to our parent software (Brightwheel), where you can access your child's feed, communicate with staff, and process tuition payments.

Please be advised that the listed documents below will be required before your child can start, following acceptance:

1. Student's Birth Certificate
2. Copy of Parent's Identification (State issued DL, State Issued ID, or Passport)
3. Student's Health Examination: DH 3040 (Physical Forms)
4. Student's Immunization Records: DH680 or Religious Exempt: DH681

If you have any questions, feel free to reach out to us at 850-765-2599. **Forms can be emailed to director@littl lambschildrenscenter.com.**

Blessings,

Kristina Bolton

Kristina Bolton, Director



APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Desired Start Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: 7:30am - 8:45am To: _____

Days of the Week in Care: M T W Th F

Family Information:

Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Email: _____ Email: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____
(including area code) (including area code)

Custody: Mother Father Both Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:



APPLICATION FOR ENROLLMENT

Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

(Include area code)

Name	Address	Work Phone	Home Phone

Billing Information:

Billing Email: _____

Attention: _____

Photo Release:

Select the space below to grant or not grant permission for your child's photos to be used in the manner below.

	Grant	Do not Grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Use still photos on the company's website and Facebook page	<input type="checkbox"/>	<input type="checkbox"/>

Guardian Signature: _____ Date: _____



APPLICATION FOR ENROLLMENT

Helpful Information:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled “Know Your Child Care Facility” (CF/PI 175-24)
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. By signing the enrollment form, you certify that you understand and agree to the requirements for enrollment as stated on our website.

By submitting an enrollment application, I hereby grant permission for the staff of this facility to have access to my child’s records.

Signature of Parent/Guardian

Date

Church Affiliation:

Church Name _____

Address _____

Phone Number _____

Senior Pastor Name _____

FOR DIRECTOR USE ONLY

Enrollment fee paid _____

Registration fee paid _____

Physical form received _____

Immunization record received _____

Pick-Up Time _____

Starting Date _____

Classroom _____

Potty-trained _____

Not Potty-trained _____



PARENT QUESTIONNAIRE FOR PRESCHOOL

Little Lambs Christian Academy at Little Lambs Children's Center

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

CHILD'S NAME _____

DATE OF BIRTH _____

PHYSICAL DEVELOPMENT

Please check under the word that best describes your child's ability in the following areas:

	Good	Average	Needs help	Not applicable
Uses scissors				
Uses crayons				
Uses pencils				
Climbs				
Walks				
Runs				
Hops on one foot				
Jumps				

Please check under the word that best describes your child's communication:

	Good	Average	Needs help	Not applicable
Uses words to express self				
Speaks clearly				
Vocabulary is age-appropriate				
Understands directions				

BEHAVIORAL/EMOTIONAL DEVELOPMENT:

Does your child have any special habits (thumb-sucking, nail-biting)? If yes, please explain.

Any particular fears?

Can your child occupy herself/himself, and for how long?

Does your child become frustrated easily? If yes, please explain.

How does your child express frustration?

What makes your child angry, and how does she/he express anger?

What method of discipline do you use with your child? How does she/he respond to it?

How does your child react to new situations?

How does your child react when you leave her/him?

Please list your child's favorite activities:

What descriptive words would you use to generally describe your child?

How do you and your family spend time together?

SLEEPING HABITS

My child usually naps _____ times/day from: _____ to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? Yes _____ No* _____

* If No, please explain.

EATING HABITS

Does your child have a good appetite?

What foods does your child like?

What foods does your child dislike?

Does your child feed her/himself?

Any eating problems we should know about?

TOILETING

Is your child fully trained?

Does your child ask to go to the bathroom?

Does your child need help going to the bathroom?

If toilet training is in process, please describe routines/methods you use:

SELF HELP SKILLS

Does your child: _____ dress _____ undress _____ button
 _____ zipper _____ tie shoes

What responsibilities does your child have around the house?

Does your child accept responsibilities willingly (putting away toys after play, completing household chores, homework, etc)? If no, please elaborate:

SPECIAL MEDICAL CONSIDERATIONS

Please list any:

Will you need a medical authorization form?

PARENTS' EXPECTATIONS

What are your goals and expectations for your child?

Do you have any special concerns or questions to which you would like to draw our attention?

How would you like to participate in our program?

_____ share a special skill/interest: _____

_____ assist with classroom activities: _____

_____ join us for special events: _____

_____ other: _____

Signature of Parent or legal guardian

Date

Academic year: _____