

Additional Children:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Program Information

Has your child participated in a weekly preschool and/or day care program? **YES NO**

Was this a positive or negative experience for him/her? (Explain if necessary) _____

Please explain what you would like your child to gain by coming to our program:

Does your child speak fluent, age appropriate English? **YES NO**

If no, what is your child's primary language? _____

Is your child potty trained? (able to go to the potty on his/her own without prompting from an adult) **YES NO**

Has your child been referred for testing for any special needs including, but not limited to emotional, behavior, speech and/or developmental delays? **YES NO**

If yes, please explain:

Please initial each of the following statements to indicate you agree and understand Living Word Lutheran's Mom's Day Out policies.

_____ I have given a Tennessee Preschool Immunization Certificate to the SCDC administration to be placed in my child's file. I understand it must be updated each time s/he receives immunizations.

_____ I agree to have a conference with the teacher, if needed, at a date to be set by the teacher.

_____ Prior to acceptance into any 3 or 4 year old program, the administration may request an interview to evaluate the readiness of a child to transition into the more structured learning environment.

_____ I understand that no refunds are allowed for sick days, severe weather days, holidays or when the center is closed.

_____ I agree to pay \$10 per week if my tuition is not paid after the 10th of the month (unless otherwise noted in the signed tuition contract)

The application and classroom fees are non-refundable once my child is accepted and enrolled in the program, whether or not my child attends the program for any reason (including, but not limited to: You choose to withdraw your child from enrollment before or during the academic year, have a disagreement with the program and its decisions, fall into financial difficulty, your child is dismissed from the program, or for any other reason not stated). If my child is not accepted into enrollment by the discretion of the center, I understand the program will return my application fee. The information I have provided in this application is true and complete. I understand if it is not, and my child is admitted to the LWLC Little Lambs Preschool, that such inaccuracy or omission is grounds for immediate dismissal.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____