

# Little Lambs Preschool

## **One Day Per Week:**

Your 2 (by Sept. 1) year old children can join us on **Wednesday** from September through May from 9 a.m.-12:00 p.m. for structured time that is fun and developmentally appropriate. They will enjoy circle time, calendar and weather activity, a math/language lesson, snack, Bible story, craft, music time, and free play. These activities will help children develop a love of Bible stories and acknowledge that God loves us. Class size will be limited to 10 students and 2 teachers. Children do not need to be potty trained. Your children will have fun learning and playing, and you can go enjoy your time too!

## **Two Days Per Week:**

Your 3 (by Sept. 1) - 4-year-old children can join us on **Tuesdays** and **Thursdays** from September through May, from 9 a.m.-12:00 p.m. Our class time will be very similar to the **One Day Per Week** schedule, but with 2 days we will include many more Kindergarten readiness activities. **We** will do phonics, cutting, prewriting, and pre-reading activities. Class size will be limited to 12 students with 2 teachers.

## **Three Days Per Week:**

This program is designed for children that will be entering Kindergarten in the fall of 2026. Students will attend class **Tuesday**, **Wednesday**, and **Thursday** from September through May, from 9am-12:00. **We** will focus on Kindergarten readiness including reading, writing, and math skills. This program is a great opportunity to give students more time in the classroom which will make their transition to Kindergarten much easier.

## **Tuition Information**

1 day/week morning program (Wed.), 9:00 a.m.- noon, \$90/month  
2 day/week morning program (Tues., Thurs.), 9:00 a.m.- noon, \$160/month  
3 day/week morning program (Tuesday, Wednesday, Thursday), 9:00 a.m.- noon, \$230/month

**Non-refundable Registration Fees** \$50 first child or \$75 for a family with more than one child, plus last month's (May) tuition. The remaining tuition payments are paid on the first of each month, September through April.

## **Typical Dailey Schedule**

GREETING/FREE PLAY TIME

CIRCLE TIME (Calendar, Weather, Sharing, Bible Story, Songs)

CENTERS (Craft, Learning Activities, Book/Puzzles, Bathroom Break)

SNACK

RECESS/LARGE MOTOR SKILLS

QUIET TIME/REST

CIRCLE TIME (Music, Movement, Games, Books)

CLEAN UP AND DEPARTURE TIME

Are you and your child ready for Little Lambs Early Learning Program? Please contact us at [littlelambs@sotpmail.com](mailto:littlelambs@sotpmail.com) to check availability of our program and for enrollment information. We hope you'll join us! Blessings!

**LITTLE LAMBS Preschool**  
**Shepherd of the Prairie, ELCA**  
**10805 Main St.**  
**Huntley, IL 60142**  
**littlelambs@sotpmail.com**  
**APPLICATION FOR ADMISSION**

Child's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Middle) \_\_\_\_\_  
(Nickname) \_\_\_\_\_ Birth Date \_\_\_\_\_ F or M (circle) \_\_\_\_\_

First name(s) & age(s) of sibling(s): \_\_\_\_\_

My child will attend on: \_\_\_ **Wednesday** \_\_\_ **Tues./Thurs.** \_\_\_ **Tues./Wed./Thurs.**

**Parent/Guardian Information**

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Home address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

Work Hours \_\_\_\_\_

Church Attended \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Home address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

Work Hours \_\_\_\_\_

Church Attended \_\_\_\_\_

**In case of illness or emergency, if unable to reach parents, contact in this order:**

1) Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

2) Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

3) Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Persons authorized to pick up your child (include parents):**

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

**TERMS AND CONDITIONS**

1. If your child is entering the Little Lambs Early Learning Program for the first time, the enrollment is provisional for the initial four-week period during which readiness for and adaptability to the classroom environment will be determined. The Little Lambs staff reserves the right to dismiss a child at any time, and in this event, tuition will be prorated for the period of attendance.
2. Shepherd of the Prairie Church provides staffing for the entire school year. Because of the program's financial commitments, **tuition is not subject to adjustments** because of illness, absence, "weather days", holidays, family vacation days or withdrawal of the child. In the event of an accident or chronic serious illness, please contact the teacher.
3. I agree that any pictures taken of my child at Shepherd of the Prairie may be used for promotional purposes.
4. In consideration of the acceptance of a child in Little Lambs Early Learning Program, the parent agrees to indemnify Shepherd of the Prairie, and all persons assisting in the program, from any and all action, claim, cause, suit, debt, damages, judgments and demands whatsoever, in law or in equity, for loss or damage including personal injury or death, whether or not caused by my child's negligence while participating in the program.

"I have read the above Terms and Conditions, and agree to be bound thereto."

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

continued →

Name: \_\_\_\_\_

**Allergies/Medications**

If your child has allergies/asthma please list: \_\_\_\_\_

Does your child take any daily prescription medications? ☐ Yes ☐ No

Will your child need to use an inhaler while at school? ☐ Yes ☐ No

Does your child require emergency medication for bites, i.e. bee stings? ☐ Yes ☐ No

(Please indicate how and when)

Are there any physical or other concerns that we should be made aware of in order to best serve your child? Yes No  
If yes, please explain \_\_\_\_\_

**Signature authorizing inhaler use and/or administration of emergency medicine to be kept on school premises:** \_\_\_\_\_

(Parent/Guardian)

(Date)

**Medical Emergency** In case of medical emergency, every effort will be made to contact parent or emergency contact person. If unable to reach parent, I give permission to Shepherd of the Prairie to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's wellbeing. In cases of life-threatening illness, parents give consent for treatment to be administered based on the decisions of the Little Lambs Early Learning Program staff. Parents will be contacted as soon as it is medically feasible.

By initialing the following, I give my consent for Shepherd of the Prairie to:

\_\_\_\_\_ Administer First Aid/CPR if needed.

\_\_\_\_\_ Call the Paramedics for treatment/transport to an emergency center

\_\_\_\_\_ Secure the services of a licensed physician

\_\_\_\_\_ Allow Little Lambs Early Learning Program staff to authorize any necessary treatment to insure the wellbeing of my child.

\_\_\_\_\_ I understand that while Little Lambs highly recommends that all children are vaccinated, it is not a requirement for attendance and they cannot guarantee that all children attending have been vaccinated for childhood diseases.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
Date

**Physician Information**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Where did you hear about SOTP's Little Lambs Program? \_\_\_\_\_

Is there anything we should be aware of to help serve your child? \_\_\_\_\_

**For Office Use Only**

Registration fee paid \$ \_\_\_\_\_ date \_\_\_\_\_ check# \_\_\_\_\_ date started: \_\_\_\_\_

Reg. Forms \_\_\_\_\_ Tuition Form \_\_\_\_\_ Handbook Form \_\_\_\_\_ Consent Form \_\_\_\_\_