

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, \$95/month

2 day/week morning program (Tues., Thurs.), 9:00 a.m.- noon, \$175/month

3 day/week morning program (Tuesday, Wednesday, Thursday), 9:00 a.m.-noon,
\$250/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 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 _____

Name _____
 Relation to child _____
 Home address _____

Phone Number _____
 Cell Number _____
 Email address: _____
 Place of Employment _____
 Address _____
 Work Number _____
 Work Hours _____
 Church Attended _____

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 ___