

# Little Lambs PRESCHOOL

Student Registration Form

Registering for 20\_\_ - 20\_\_ School Year: \_\_\_\_\_ 3 Year Old Class (Tues./Thurs., 9 – 11:30 AM)  
 \_\_\_\_\_ 4 Year Old Class (Mon./Wed./Fri., 9 – 11:30 AM)

Child's Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

What does your child prefer to be called? \_\_\_\_\_

Gender (please circle):      Boy      Girl      Date of Birth: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First) (Last)

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian #1 Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Guardian #2 Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency phone numbers of two people to call if parent/guardian cannot be reached:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone</u>

*I hereby give my consent for Little Lambs Preschool to call a physician or take my child to a medical facility in the event of a medical emergency if none of the above can be reached by phone.*

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

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

**\*\*A \$50 nonrefundable registration fee must accompany this registration form in order to register your child\*\***