



Please complete this form and return it to the Little Lambs Preschool Office.  
 A non-refundable family registration fee of \$45 must accompany the application.

*Little Lambs Preschool Registration 2024-25*

**Student Information:**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender M F

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent Info.	Mother/Guardian	Father/Guardian
Name		
Address: (only if different from student)		
Home Phone:		
Cell Phone:		
Email (print clearly)		
Employed by		
Work Address:		
Work Phone:		
Work Schedule:		

Student lives with (check all that apply):  Both parents  Mother  Mother and Stepfather  Father  Father and Stepmother  
 Grandparent  Other legal guardian (please specify) \_\_\_\_\_

Student's Siblings (Names and Dates of Birth)

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_

I currently have a church family? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Medical History:**

- Does student wear glasses?
- Any eye deficiencies or vision problems?
- Any hearing problems or deficiencies?
- Any speech problems?
- Any serious early child health problem?
- Any current health problems? (i.e. asthma, seizures)
- Currently on medication?
- Any food allergies or allergies to medicines?
- Any behavior disorders?
- Any special needs?

Yes No Explain any "yes" answers below:

Yes	No	Explain any "yes" answers below:

Class time runs from 8:00-11:30am.

- My child is in good health, is able to participate in group activities, and has no special health or medical requirements.  
 My child is able to participate in group activities, but has special health or medical requirements as listed below:

Any additional information or comments that you wish to share with the teaching staff: \_\_\_\_\_ (use the back)

Please circle the days you would like your child to attend:

**I wish for my child to attend the Mon / Tues / Wed / Thurs / Fri Class meeting from 8-11:30am**

If your child does not meet the usual age requirements, please speak with Mrs. K or Miss Brandi Preschool Director about enrollment questions. We will take children in pull ups in potty training

Next school year 2025 - 26 my child will attend the following school: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ check # \_\_\_\_\_ Date Received: \_\_\_\_\_

Supply fee(s) \_\_\_\_\_ check# \_\_\_\_\_ Date Received: \_\_\_\_\_