

# Little Lambs Preschool Registration Form

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_

Sex: M / F

E-mail \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_ School District of Residence \_\_\_\_\_

List siblings and their birthdates:

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

Are there other members of the household? If so, list name, age and relationship to student:

What previous group experiences has your child had? \_\_\_\_\_

Home church, if any \_\_\_\_\_

Please circle your answer to the following:

My child is potty trained. YES / NO      My child speaks English fluently. YES / NO

Please list any food allergies your child has. \_\_\_\_\_

Where did you hear about our program at Little Lambs Preschool? \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

(signature of parent or guardian)

An \$80.00 Registration Fee is required for enrollment. This amount will be applied to the first month's tuition. Please make checks payable to: "**CMF**" with "**Little Lambs Preschool**" on the memo line.

Mail to: **CMF / Little Lambs Preschool**  
**Attention: Preschool Director**  
**2985 Broadway Rd**  
**Milton, PA 17847**