

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 \$85.00 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. The form can be dropped off at the church office or mailed.

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