

Little Lambs Registration/Emergency Form

Child's Name _____

Male Last _____ First _____ Middle _____
Female

Social Security Number _____ Birth date _____

Mother's full name _____ Address _____

Father's full name _____ Address _____

Address (both parents) _____

Zip code _____

Telephone number (land base) _____

Mom's Cell phone _____ Dad's cell phone _____

Email Address _____ Insurance _____

Doctor _____ Phone _____

Mother's Employment _____ phone _____

Father's Employment _____ phone _____

Other emergency person _____ phone _____

Relationship to child _____ work # _____

Allergies or Problems _____

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Class selection:

Preschool PreK 3: TTh MWF M-F

Pr3K 4: TTh MWF M-F

Sept- May Childcare: TTh MWF M-F

Summer Childcare: TTh MWF M-F

How did I hear about Little Lambs? (circle one)

Friend - Newspaper Ad - Yellow pages - Internet - Other _____

Medical Release: IN CASE OF EMERGENCY I hereby authorize the Little Lambs Preschool/CC staff to call 911 for emergency medical help if I cannot be reached. It is understood that all possible means will be used to notify me or the other emergency number first. I also understand that ALL medical expenses incurred will be my responsibility, not the responsibility of Little Lambs Preschool/Childcare.

Parent's signature _____ Date _____

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RETURN THIS FORM WITH A NON-RETURNABLE \$30 REGISTRATION FEE.

Teacher Preference/Assigned _____ check # _____