

# LITTLE LAMBS PRESCHOOL REGISTRATION FORM

Please fill out this registration form and return it with your \$137.00 tuition down payment (M-W-F morning group), \$81.00 down payment (T-TH morning group), or \$111.00 down payment (T-W-TH afternoon group). This tuition down payment is non-refundable.

NAME OF STUDENT \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street / Rural Route Month Day Year

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
City / State / Zip Code

E-mail Address (optional): \_\_\_\_\_

Is child: Left Handed \_\_\_\_\_ Right Handed \_\_\_\_\_ Not Sure \_\_\_\_\_

Name and Address of  
Parents or  
Legal Guardians: \_\_\_\_\_  
Father's Last Name Father's First Name

\_\_\_\_\_  
Street / Rural Route City / State / Zip Code

\_\_\_\_\_  
Mother's Last Name Mother's First Name

\_\_\_\_\_  
Street / Rural Route City / State / Zip Code

Doctor: \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Address - Street / City / Zip Code

Dentist: \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Address - Street / City / Zip Code

Name of persons who will assume responsibility for child if parents can't be reached: (2 names)

Name	Telephone Number
Address- Street / Rural Route	City

Name	Telephone Number
Address- Street / Rural Route	City

Name of source of emergency care:

Name of Source of Emergency Care	
Street Address	City
Full Telephone Number	

**Names** of persons authorized to take child from school and **PHONE NO.** :

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Names of persons **NOT** authorized to take child from school:

1.	_____	_____
2.	_____	_____

Please provide a brief description of your child's characteristic behavior:

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Please describe difficult or unusual behavior:

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Please describe your child's toilet habits (Your child must be toilet trained to attend.):

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Please briefly describe your child's characteristic social behavior:

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Please briefly describe your child's type of home life:

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Please briefly describe your type of home discipline:

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What special interests or experiences does your child have?

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List any medical conditions the preschool should know about your child:

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	<b>Name</b>	<b>Date of Birth</b>
Please list other children in your family and their ages:	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
	5. _____	_____
	6. _____	_____

Please tell us how you heard about Little Lambs Preschool:

Occupation of Father: \_\_\_\_\_  
Occupation  
\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone Number / Cell Phone

Occupation of Mother: \_\_\_\_\_  
Occupation  
\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone Number / Cell Phone

Marital status of parents: \_\_\_\_\_

Church affiliation of parents: \_\_\_\_\_  
Name of church  
\_\_\_\_\_  
Address of church

This application is made for my child to attend:

\_\_\_\_\_ Two day morning session (T, TH) designed for 3 yr. olds (8:00 - 11:00 AM)  
(MUST BE 3 YEARS OLD BY SEPT. 1)

Three day session designed for four year olds:

\_\_\_\_\_ Prefer M, W, F mornings ONLY (8:00 - 11:30 AM)  
(MUST BE 4 YEARS OLD BY SEPT. 1)

\_\_\_\_\_ Prefer T, W, TH afternoons ONLY (12:00 - 3:00 PM)  
(MUST BE 4 YEARS OLD BY SEPT. 1)

\_\_\_\_\_ Either session will work

**Please return this form to:  
Little Lambs Preschool  
Saint Peter Evangelical Lutheran Church  
427 West Mulberry Street  
Saint Peter, MN 56082**