

LITTLE LAMBS PRESCHOOL REGISTRATION FORM

Please fill out this registration form and return it with your \$128.00 tuition down payment (M-W-F morning group), \$76.00 down payment (T-TH morning group), or \$104.00 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

Route City

Address- Street / Rural

Telephone Number

Name

Address- Street / Rural Route City

Name of source of emergency care:

Name of Source of Emergency Care

City

Street Address

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:

Please describe difficult or unusual behavior:

Please describe your child's toilet habits:

Please briefly describe your child's characteristic social behavior:

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

Please briefly describe your type of home discipline:

What special interests or experiences does your child have?

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

Please list other children in your family and their ages:

	Name	Date of Birth
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**