

**LITTLE LAMBS PRESCHOOL
REGISTRATION FORM
2017-2018**

Please fill out this registration form and return it with your \$166.00 tuition down payment (M-W-F morning group), \$98.00 down payment (T-TH morning group), or \$135.00 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:

Please describe difficult or unusual behavior:

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

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:

	Name	Date of Birth
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**