

For office use:
Registration date _____

First day of attendance _____



**Lambs of Christ
Learning Center**

1K & 2K 2024-2025 Preschool Registration September 3, 2024-June 13, 2025

Child's name: _____ Date of birth ____/____/20____

Parent/guardian name: _____

Email address: _____

Telephone Number: (_____) _____ - _____

➔ **Preschool hours are 8:30-11:30am.** Minimum attendance is two days per week. Check the days that your child will attend preschool:

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

➔ **Extended care** is offered before (6:30-8:30am) and after (11:30am-5:30pm) preschool. Indicate days and times that care is needed:

Days	Drop Off Time	Pick Up Time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

➔ Preschool and Extended Care registration is confirmed when the registration fee (one fee per family) and this signed form have been submitted.

➔ Families are assessed and billed tuition and hourly care fees for the days and times indicated on this registration form. A two-week written notice is required to change the schedule.

➔ Parents of registered children will be contacted to provide health forms, payment information, and other necessary documentation required for preschool and childcare participants.

➔ This registration holds the child's days and times until the school year begins.

Signature of Parent or Guardian

Date

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PERSONAL INFORMATION

Name (first & last) _____ Nickname _____

Please list your child's siblings:

Child's name: _____ Age: ____ Male/Female

Child's name: _____ Age: ____ Male/Female

Child's name: _____ Age: ____ Male/Female

Child's name: _____ Age: ____ Male/Female

Family religion: _____

Church Affiliation: _____

Is your child baptized? ____ Yes ____ No

How did you hear about Lambs of Christ/did anyone refer you? _____

Signature of Parent or Guardian

Date