

For office use:  
Enrollment date \_\_\_\_\_

First day of attendance \_\_\_\_\_

# LAMBS OF CHRIST LEARNING CENTER

## 4K Preschool

### REGISTRATION FORM

Child's name: \_\_\_\_\_  
Last First Middle Initial

Birth date (month/day/full year): \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Home address \_\_\_\_\_

City, state & zip code \_\_\_\_\_

Home telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please mark the program(s) your child will be attending.

\_\_\_ **Full Day 4K (8:30-3:30, 5 days)**

\_\_\_ **Half Day AM (8:30-11:30)**

\_\_\_ **Half Day PM (12:30-3:30 pm)**

**Preferred days of the week ( half days only)**

\_\_ Mon \_\_ Tue \_\_ Wed \_\_ Thu \_\_ Fri \_\_ No preference- Number of days: \_\_\_\_\_

\_\_\_ **Extended Care**

\_\_\_ **before Preschool (6:30-8:30)**

\_\_\_ **after Preschool (11:30-5:30)**

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		

**You will be charged for the days and times you have listed.**

**Please indicate a payment method:**

\_\_\_ Automatic Withdrawal (Tuition Express)

\_\_\_ Point of Sale

For office use: ___ Registration fee received. _____ Date
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**Provide email addresses to receive statements and newsletters electronically.**

email address: \_\_\_\_\_ (Primary contact)

email address: \_\_\_\_\_ (Second contact)

**PARENT OR GUARDIAN INFORMATION**

**Mother's name:** \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Name and address of place of employment or other location where parent can be contacted while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Address (Street, City State, Zip): \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Name and address of place of employment or other location where parent can be contacted while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**If applicable, complete guardian information.**

**Name:** \_\_\_\_\_

Address (Street, City State, Zip): \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Name and address of place of employment or other location where guardian can be contacted while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD**

Is anyone other than a parent or guardian authorized to pick up the child?  Yes  No  
 If yes, provide information requested for each person.

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

Provide information for the person to contact when a parent/ guardian cannot be reached.

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Name and address of place of employment or other location where contact can be reached while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**Yes** this person is authorized to pick up the child.

**No** this person is not authorized to pick up the child.

**PHYSICIAN OR MEDICAL FACILITY**

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City

Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City**AUTHORIZATIONS**I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.  **Yes**  **No**I have had an opportunity to review the policies of this childcare center and a summary of the Wisconsin Rules for Licensing Child Care Centers.  **Yes**  **No**

I give permission for my child to participate in field trips and other activities during operating hours.

Transported:  **Yes**  **No** Walking:  **Yes**  **No**I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.  **Yes**  **No**

I understand that the preschool may take my child's photograph for use in advertising and promotion as following:

In-house promotions:  **Yes**  **No**Community advertising, such as local newspaper or stores:  **Yes**  **No**Facebook:  **Yes**  **No**Website/Web stream:  **Yes**  **No**\_\_\_\_\_  
**Signature of Parent or Guardian**\_\_\_\_\_  
**Date**

## PERSONAL INFORMATION

Name (first & last) \_\_\_\_\_ Nickname \_\_\_\_\_

Hand preference:  Right  Left

Has your child ever had a vision test?  Yes  No

If yes, what was the result? \_\_\_\_\_

Has your child ever had a hearing test?  Yes  No

If yes, what as the result? \_\_\_\_\_

Has your child ever participated in a preschool or childcare program?  Yes  No

If yes, what kind of program(s)? \_\_\_\_\_

How often does your child socialize and play with other children?

Frequently (2 or more times per week)  Occasionally (once a week)  Rarely

Please comment: \_\_\_\_\_

Please tell us about your child's nap time routine and schedule: \_\_\_\_\_

Does your child have any fears that we should be aware of? \_\_\_\_\_

Please list your child's siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Family religion: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Is your child baptized?  Yes  No