

For office use:
Enrollment date _____

First day of attendance _____

LAMBS OF CHRIST LEARNING CENTER

3K 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.

___ **3K Preschool 8:30-11:30 am**

OR

___ **3K/4K Blended Preschool 12:30-3:30pm**

Preferred days of the week (minimum attendance of 2 days/week)

___ Monday ___ Tuesday ___ Wednesdays ___ Thursday ___ Friday

___ No preference- Number of days: _____

___ **Extended Care needed**

___ **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

Provide email addresses to receive statements and newsletters electronically.

email address: _____ (Primary contact)

email address: _____ (Second contact if desired)

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: _____

Is your child potty trained? Yes No

Our center does not permit children to attend 3K if not fully potty trained. Please speak with the Director regarding options for a child who is three years of age but not potty trained by the first day of preschool.

Does your child wear a diaper/pullup during naptime? Yes No (If necessary, our staff will assist your child.)

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:

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