

For office use:  
Registration date \_\_\_\_\_

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



**Lambs of Christ  
Learning Center**

## Infant Room 2025-2026 Registration

### September 2, 2025-June 12, 2026

Child's name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/20\_\_\_\_ Male/Female

Parent/guardian name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

➔ **The Infant Room operates on a full day schedule.** We open at 6:30am and close at 5:30pm. Please note that the maximum hours of care allowable is 10 hour hours per day. An attendance of at least two days per week is required.

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		

➔ Infant Room registration is confirmed when this signed form and the registration fee (one fee per family) are submitted.

➔ Families are assessed and billed fees according to the days and times indicated on this registration form. Fees must be paid weekly. A two-week written notice is required to change the schedule.

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

➔ This registration form 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