Little Lamb Registration

2024-2025

Child's Name:		
First	Middle	Last
Birthdate://	Sex:	
Mother's Name:		
Home Address:		
City/State:	Zip code:	
Phone: ()	Cell: ()	
Occupation:		
City/State:	Zip code:	
Phone: ()	Cell: ()	
Occupation:		
Email for updates and info:		
\$75.00 Non-refundable	e fee paid.	
3 and 4 year old class - Tuesda	ay/Thursday 9:00am to 1:00pm	
\$270.00 per month		
X		
3 and 4 year old class - Monda \$270.00 per month X	ay/Wednesday 9:00am to 1:00pm	
Kindergarten Class - Monday/ \$370.00 per month.	/Wednesday/Friday 9:00am to 1:00p	m.
X		
You will receive a text or ema	ail from Little Lamb in the month of	

August regarding our Open House information.

Thank you for registering your child at Little Lambs. We look forward to a wonderful year together.

Little Lamb Registration

2024-2025

Child's Name	e:		
	First	Middle	Last
Designated nar	ne to be us	ed in class:	
		call:	
Relationship:		Phone: ()	
Second call:			
Relationship:		Phone: ()	
M/ha is authori	and to pick	un vour shild other than vourself?	
	•	up your child other than yourself?	
		Phone: ()	
		Phone: ()	
Name:		Phone: ()	
Allergies or oth	er nhysical	problems the school should be aware of?	
Alleigies of oth	iei pilysicai	problems the school should be aware or:	
In an em	ergency Lit	tle Lamb has my permission to call an amb	ulance
at my ex	pense.		
I do not	wish my ch	ild to receive any medical treatment.	
	ent or Guardian)	Date:/	
(Pare	ant or Guardiall)		