

REGISTRATION REQUEST FORM

Child's Name

Preferred Name

/ /

Sex: Male Female Special Needs: Yes No

Child's Birthdate (mm/dd/yy)

Does your child have a diagnosed allergy?

Yes No

MOTHER'S INFORMATION:

Name

Primary Phone

Address

City & Zip

Email Address

FATHER'S INFORMATION:

Name

Primary Phone

Address

City & Zip

Email Address

1. Circle the preferred program and schedule. I understand that program schedule/times are subject to change based on enrollment or at the discretion of Administration.

PROGRAM

18-23 mos.
Two-Year-Olds
Preschool 3
PreK 4
Bridge
Kindergarten

SCHEDULE

M W T TH M - TH
M W T TH M - TH
M - F T TH T W TH M W F
M - F T W TH
M - F
M - F

School Hours: 9am - 2pm & 9am - 12pm Friday

2. Attach an \$100 check made out to LAMB SCHOOL to your form. I understand the Registration Fee is non-refundable and class schedules may change due to enrollment.

OFFICE USE ONLY

Date Paid (mm/dd/yy)

Check #