

**Little Lambs Preschool
Registration Form 2018-19**

Little Lambs Preschool adheres to public school age requirements. Your child must be the appropriate age on or before September 1st of the school year for which they are being enrolled. Threes and older must be toilet trained upon the beginning of school. Hours of operation for all classes are **8:30 AM – 11:30 AM**.

___ Two-day Twos (\$110)	T/Th
___ Three-day Twos (\$150)	M/W/F
___ Five-day Twos (\$240)	M-F
___ Two-day Threes (\$110)	T/Th
___ Three-day Threes (\$135)	M/W/F
___ Five-day Threes (\$205)	M-F
___ Five-day Fours (\$205)	M-F
___ Three-day Fours (\$135)	M/W/F

(There is a 10% discount for second child's tuition if it is equal to or less than first child's tuition.)

Child's Name: _____
(Last) (First) (MI) (Nickname)

Date of Birth: _____ Sex: _____

Home Address: _____
City _____ zip code _____

Mother's Name: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Phone: _____

Father's Name: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Phone: _____

Siblings (and ages) _____

EMERGENCY CONTACT OTHER THAN PERSONS LISTED ABOVE:

Name: _____ Cell phone: _____

Home Phone: _____ Relationship: _____

PERSONS PERMITTED TO PICK UP MY CHILD

(We will only release your child to a (custodial) parent or someone listed below unless we receive prior notification as stated in our handbook)

Name _____ Cell Phone _____ Relationship _____

Name _____ Cell Phone _____ Relationship _____

Name _____ Cell Phone _____ Relationship _____

Name _____ Cell Phone _____ Relationship _____

PHYSICAL AND MENTAL HEALTH INFORMATION: (i.e., allergies, speech impairment, vision or hearing weakness, learning disorder, physical limitations):

BENADRYL RELEASE

I, _____ mother/father of _____

Give Little Lambs Preschool caregiver permission to administer an oral dose of Benadryl or its generic equivalent to my child , _____, if there is evidence of an allergic reaction. The caregiver will contact the parent as soon as possible. Child’s weight _____, age _____

Signature _____ Date _____

EMERGENCY MEDICAL CONSENT

I, _____ mother/father of _____

Do hereby give permission to the personnel of Little Lambs Preschool to secure and authorize such emergency medical care and/or treatment that my child might require while under the supervision of the said school personnel. I also agree to pay all costs and fees incurred by any emergency medical treatment for my child as secured under this consent. Every effort will be made to notify parents immediately in case of an emergency.

Parent’s Signature _____ Date _____

PHOTOGRAPH RELEASE

Little Lambs Preschool has permission to use my child’s photograph for publicity purposes.

Yes _____ No _____ Child _____

Signature _____ Date _____

Has your child had previous preschool or playgroup experience? _____

If yes, when, and where? _____

Describe your child’s personality _____

Child’s Physician: _____ Phone _____

Child’s Dentist: _____ Phone _____

With this registration, I have enclosed the registration fee of \$75 (If more than 1 child, \$50 per child). If I should find it necessary to withdraw this registration, I understand the registration fee will be refunded up until June 15th after which time it will be forfeited. I understand that Little Lambs Preschool is a private school whose goal is to provide a positive, Christian preschool environment. It is the right of the Little Lambs Preschool Board and preschool director to dismiss my child if, after the proper review, they deem it necessary.

Parent Signature

Date

How did you hear about us? _____

Please make check payable to Little Lambs Preschool and submit with application to: Little Lambs Preschool, 220 Carson Road, Seneca, SC 29678. Phone (864)882-3202. E-mail: preschool@eternalshepherd.org.