

**Little Lambs Preschool  
Registration Form 2017-18**

Little Lambs Preschool adheres to public school age requirements. Your child must be the appropriate age on or before September 1<sup>st</sup> 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 \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Siblings (and ages) \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PERSONS LISTED ABOVE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell 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 15<sup>th</sup> 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](mailto:preschool@eternalshepherd.org).