

Registration Request Form



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

Sex: **M** or **F**

Preferred name: _____ Child's Birthdate: ____/____/____
mm dd yr

Allergies: **Yes** or **No**

Special Needs: **Yes** or **No**

Toilet Trained: **Yes** or **No**

Mother's Name: _____ **Primary Phone:** _____

Mother's Address: _____ Cell Phone: _____

City/State/Zip: _____ Work Phone: _____

Email Address: _____

Father's Name: _____ **Primary Phone:** _____

Father's Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

Email: _____

Custody: Mother/Father/Other _____ Custody order on file with the State of Texas: **Yes** or **No**

Church Affiliation: _____

*I understand the **Registration Fee** (paid with check & includes a t-Shirt) is **non-refundable**.

*Class schedule/times are subject to change based on enrollment or at the discretion of Administration.

Parent Signature: _____ Date: _____

PLACEMENT: 1) Circle the appropriate program and schedule. 2) Attach an \$80 check made out to LAMB SCHOOL to your form.

School hours 9:00 AM —2:00 PM & 9:00 AM—12:00 PM Friday

PROGRAM

18-23 mos.

Y2 | O2

Preschool 3

Preschool 3 (9-12)

PreK

Bridge

SCHEDULE

M W T Th

M W T Th

M-F M W F T Th

M-F

M-F T W Th

M-F

Office Use Only

Date Paid ____/____/____

Check # _____

WITHDRAWAL NOTICE I am withdrawing my child
from Lamb School.

*I understand to withdraw my child, this form must be signed and dated on or before the **15th** of the month prior to the month my child will withdraw. If I do not give notice on or before the 15th I will pay for the next month's tuition.

*I understand to withdraw my child, this form must be signed and dated on or before the **15th** of the month prior to the month my child will be unenrolled.