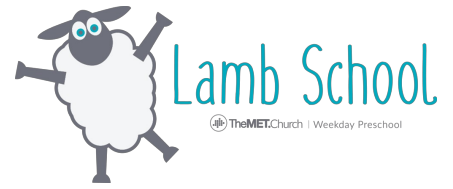


Registration Request Form



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

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

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

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

Mother's Information:

Name: _____ **Primary Phone:** _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Work Phone: _____

Email Address: _____

Father's Information:

Name: _____ **Primary Phone:** _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

Email: _____

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

PROGRAM

18-23 mos.

Young 2

Older 2

Preschool 3

Preschool 3 (9-12)

PreK 4

Bridge

SCHEDULE

M W

M W

M W

M - F

M - F

M - F

M - F

T TH

T TH

T TH

M W F T W TH T TH

T W TH

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

2) Attach an \$80 check made out to LAMB SCHOOL to your form. I understand the **Registration Fee** is **non-refundable**.

Parent Signature: _____ Date: _____

Office Use Only

Date Paid ____/____/____

Check # _____