

Registration Request Form



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

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

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

Special Needs: Yes No

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: _____

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.
Young 2
Older 2
Preschool 3
Preschool 3 (9-12)
PreK 4
Bridge
Kindergarten

SCHEDULE

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

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

2) Attach an \$95 check made out to LAMB SCHOOL to your form. I understand the **Registration Fee** is non-refundable.

Office Use Only

Date Paid ____/____/____

Check # _____