

For office use only

Date of enrollment _____

Start date _____

Withdrawal date _____

Little Lambs Learning Center Registration Form

Please make sure to fill in all lines. If there is no information available please write "none"

Child's Information:

Last name: _____ First name: _____ M.I.: _____

Goes by (nickname): _____ Date of birth: _____

Allergies or special needs: _____

Has this child ever been in childcare/preschool before? Yes No

Has this child ever had any serious illness or accidents? If so please list and give date.

Any recent changes in the child's life: (divorce, new baby, death, moving, etc.) _____

Child primarily lives with: Both Mom & Dad Mom Dad Other _____

Other relatives living at home are: _____

Anything else you would like us to know about your child or family? _____

Mother's Information:

Last name: _____ First name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____

Address: _____ Phone: _____ ext. _____

Father's Information:

Last name: _____ First name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____

Address: _____ Phone: _____ ext. _____

(Please continue on reverse side)

