

**Session Choice** (Please circle):

**Registration Date:** \_\_\_\_\_

Preschool 3's (T/TH am) \_\_\_\_\_ Preschool 4's (MWF am) \_\_\_\_\_

Pre-Kindergarten 4 & 5's (M-F pm) \_\_\_\_\_

**Child Information**

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Day Care Provider (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

May we use photos of your child for advertising purposes?  Yes  No

**Parent/Guardian Information**

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Siblings**

List the names and ages of other children in the home:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_

**Play and Social Development Information**

A. Mark any of the following in which your child has participated:

Play group \_\_\_\_\_ Preschool \_\_\_\_\_ Day Care \_\_\_\_\_ Sunday School \_\_\_\_\_

B. You consider your child to be:

Right-handed\_\_\_\_ Left-handed\_\_\_\_ Undecided\_\_\_\_

C. Which of these has your child used often?

Scissors\_\_\_\_\_ Glue\_\_\_\_\_ Crayons\_\_\_\_\_ Playdough\_\_\_\_\_ Paints\_\_\_\_\_

**Religious Background Information**

A. What is your child’s church affiliation? \_\_\_\_\_

B. Church Address: \_\_\_\_\_

C. Has your child been baptized? yes / no      Baptism Date: \_\_\_\_\_

**Additional Comments & Information**

Please give further information that you believe will be helpful to us in understanding your child. In the case of a disability, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral Information:**

How did you learn about Lamb of God Preschool?

Sign in front of building \_\_\_\_\_ Website \_\_\_\_\_ Friend \_\_\_\_\_ (name \_\_\_\_\_)

Internet advertising \_\_\_\_\_ Other \_\_\_\_\_

**Field Trip Permission:**

\_\_\_\_\_ I give permission for my child to leave Lamb of God Preschool for trips in a car or on public transportation to special places, walks in the neighborhood, etc. I understand that I will be notified before each activity.

**RESTRICTIONS ON FIELD TRIPS:** Each child will be secured in a seat belt. Children 6 years or under will need to bring a car seat for the field trips.

\_\_\_\_\_ I do not give the above permission.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_