



**Part-time Preschool Registration - 2017/2018 School Year**

I would like to enroll my child in the Part-time, Little Lambs Preschool Program for:  
4 year Old's \_\_\_\_\_

**First and Last Name of Child:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Male  Female **Nickname (if any):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** NY **Zip Code:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Caregiver Name 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone/type:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address: (if DIFFERENT than above)** \_\_\_\_\_

**Caregiver Name 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone/type:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address: (if DIFFERENT than above)** \_\_\_\_\_

Does the child have any other siblings? Yes or No

Names/ages of siblings (if applicable): \_\_\_\_\_

How did you hear of Little Lambs? \_\_\_\_\_

Has your child attended Preschool/Daycare?  Yes  No

Is English your child's primary language?  Yes  No

If not, please specify: \_\_\_\_\_

**Please notify the Program Administrator if your child:** *(Applicable Health Plans to be complete)*

Has any medical conditions or is required to receive medical treatment while in school.

Is Allergic or Sensitive to any food or insect stings/bites.

**Important:** As a NY State Licensed Daycare Center, we are required to maintain a current copy of all children's physical and vaccination records on or accompanies by the required state form.

*(Program Administrator will provide required Medical Statement Form.)*

**Please refer to the Parent Handbook for complete program policy details.**

**School Schedule/Tuition/Registration Fee:** The school begins the 2<sup>nd</sup> Monday in September and concludes the 2<sup>nd</sup> Friday in June and follows the Whitesboro School Calendar. Classes are Monday, Wednesday and Friday from 9:30-12:30. Annual tuition is \$1,800, paid monthly across 10 months. The Registration fee of \$50 and the first month's tuition of \$180 due at registration.

I have been given the Parent Handbook and understand and accept the program policies and requirements and wish to register my child at this time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_