

School Age Program - Before and After School/Break Registration (Program of Little Lambs)

Before School Only After School Only		ol
Mid-Winter Break Spring Break	Summer Break	
Preferred Start Date:		-
School Name/Address:		
Bus Name/Number:		
First and Last Name of Child:		Male Female
Nickname (if any):		
Street Address:	City: Stat	:e: Zip Code:
Home Telephone:		
Caregiver Name 1:	Relationship:	
Phone/type:		
Occupation/Employer:	Phone):
Address: (if DIFFERENT than above)		
Caregiver Name 2:		
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 our program?		
Has your child attended Preschool/Daycare?	Yes No	
Is English your child's primary language? Yes		
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	ve medical treatment while in school.	
Is Allergic or Sensitive to any food or insect stings,	/bites.	
Please refer to the Parent Handbook for complet		
School Schedule/Tuition/Registration Fee:		
Annual Registration/supply fee of \$50 due at enro	ollment and then annually at anniversary da	ate.
Before and After School Programs are \$50 for eac	th program and \$100 if attending both.	
Full Day/School Break Programs are \$35 per day.	Children must be signed up in advance to s	secure spot.
The school holiday and closings are detailed on th		•
while enrolled. Note: Program is closed 1 week at		,
I have been explained and accept the program pol		my child at this time.
Signature:	Date:	
	st Week Tuition Paid:	