For Office Use Only: Date: _____
Program: _____
Number: _____

BLESSED LAMBS PRESCHOOL REGISTRATION
2023-2024

NAME OF CHILD: _____ __ _____ **GENDER: boy or girl**
FIRST MI LAST

BIRTH DATE: _____**AGE AS OF SEPT.1, 2023** _____

PARENT NAMES: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please check your choice:

__**2-year-old Monday & Tuesday program** *(9am –12pm)*

OR

__**2-year-old Wednesday & Thursday program** *(9am – 12pm)*

__**3-year-program** T- Th. *(9am – 1pm)*

__**4-year-old program** M-W-F *(9am – 1pm)*

_____

For office use only:

Payment: cash/credit/check #_____
2nd child disc. (name of child & program)_____
Amount: _____