For Office Use Only:	Date:
	Program:
	Number:

## BLESSED LAMBS PRESCHOOL REGISTRATION 2024-2025

NAME OF CHILD: _	FTDST		LAST		GENDER: boy or girl
BIRTH DATE:				2024	
PARENT NAMES:				_	
ADDRESS:				_	
PHONE NUMBER:				_	
EMAIL ADDRESS: _				_	
Please check your cho	oice:				
2-year-ol	d Monday OR	& Tuesdo	ay prog	ram	(9am -12pm)
2-year-ol		day & Th	ursday	pro	gram (9am - 12pm)
3-year-pr	rogram T- TI	n. (9am - 1pm)	)		
3-year-ole	d Transition				nm - 1pm)
4-year-ol	d program	M-W-F (9am	- 1 pm)		
For office use only:					
	Payn	nent: cash/crec   2 <sup>nd</sup> child disc.		ild & nr	noram)
		L Cillia disc.	(Harrie OT CITI	na a pi	-y

Amount: \_\_\_\_\_