

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

BLESSED LAMBS PRESCHOOL REGISTRATION
2022-2023

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

BIRTH DATE: _____ AGE AS OF SEPT. 1, 2022 _____

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: _____