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

BLESSED LAMBS PRESCHOOL REGISTRATION
2021-2022

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

BIRTH DATE: _____**AGE AS OF SEPT.1, 2021** _____

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: _____