

REGISTRATION FORM
ST. PAUL'S LUTHERN CHURCH – LITTLE LAMBS PRESCHOOL
AUGUSTA

Enrollment Information

Child's Name _____

Child's Birth date _____

Child lives with: mom and dad mom only dad only shared custody

Mom's Information

Mom's Name _____

Address _____

Phone Number _____ Cell Phone Number _____

e-mail address _____

Dad's Information

Dad's Name _____

Address _____

Phone Number _____ Cell Phone Number _____

e-mail address _____

2 days per week

Tuesday Thursday

All class times are

12:30p.m. – 3:00p.m.

Tuition

Billed on the first of each month and due 15th of each month. September – May. You pay one month in advance and your first invoice in September will be for September and October.

2 day a week program - \$85.00/month

Registration Fee

\$45.00 per child per session

To Register Your Child

Mail this form along with proper registration fee to:

St. Paul’s Little Lambs Preschool
Attn: Sheila
721 S. State Street
Fall Creek WI 54742

State Licensing rules require us to have the following forms on file for each child attending preschool. Please complete and sign each form. You can either mail it back to Little Lambs, bring along to parent meeting or open house.

ALL FORMS MUST BE ON FILE BEFORE YOUR CHILD CAN ATTEND PRESCHOOL

Health History and Emergency Care Plan

Child Health Report – if your child has recently been to the Dr. you can mail or fax this form to them and ask the Dr. to date and sign it.

Day Care Immunization Record – you can either fill out this form or attach a printout of your child’s immunizations.

You will receive a packet of information mid-summer

Your child is not considered registered for preschool until registration form and payment are received. Class spots will be filled on a first come first serve basis. If you have any questions, please contact Sheila at 715-877-3501 or littlelambs.fallcreek@yahoo.com

OFFICE USE

Date received: _____

Registration paid on: _____

Check Number: _____