For Office Use Only:	Date:
	Program:
	Number:

BLESSED LAMBS PRESCHOOL REGISTRATION 2026-2027

NAME OF CHILD:	NAME OF CHILD:					GENDER:	boy or girl	
PARENT NAMES: 1		FIRST	WI	LAST				
2	BIRTH DATE:		AGE AS C	F SEPT.1,	2025			
ADDRESS: PHONE NUMBER: 1. 2. EMAIL ADDRESS: 1. 2. Please check your choice: 2-year-old Monday & Tuesday program (9:30am -12:30pm) OR 2-year-old Wednesday & Thursday program (9:30am - 12:30pm) 3-year-program T- Th. (9:30am - 1:30pm) 4-year-old program M-W-F (9:30am - 1:30pm) Payment: cash/credit/check #	PARENT NAMES:	1						
PHONE NUMBER: 1		2						
2	ADDRESS:				_			
EMAIL ADDRESS: 1	PHONE NUMBER:	1						
Please check your choice:	EMAIL ADDRESS:	2						
Please check your choice: 2-year-old Monday & Tuesday program (9:30am -12:30pm) OR2-year-old Wednesday & Thursday program (9:30am - 12:30pm)3-year-program T- Th. (9:30am - 1:30pm)4-year-old program M-W-F (9:30am - 1:30pm) For office use only: Payment: cash/credit/check #								
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4-year-old program M-W-F (9:30am - 1:30pm) For office use only: Payment: cash/credit/check #	2-year-o		& Thursd	ay prog	ram	(9:30am -	· 12:30pm)	
For office use only: Payment: cash/credit/check #	3-уеаг-р	rogram T- Th.	(9:30am - 1:30	pm)				
Payment: cash/credit/check #	4-year-o	ld program M	-W-F (9:30am	- 1:30pm)				
\cdot	For office use only:	D ···	nont: 00ch /sm1	+/shosk #				
2 nd child disc. (name of child & program)		Payr			 ld & pr	roaram)		

Amount: _____