

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

**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 \_\_\_\_\_

**3 days per week**

Monday                      Wednesday                      Friday

**2 days per week**

Tuesday                      Thursday

**All class times are**

8:30a.m. – 11:00a.m.

**Tuition**

Billed on the first of each month and due 15<sup>th</sup> 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 - \$80.00/month  
3 day a week program - \$100.00/month

**Registration Fee**

\$40.00 per child per session

**To Register Your Child**

Mail this form along with proper registration fee to:

St. Paul’s Little Lambs Preschool  
Attn: Katie  
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 Katie at 715-877-3501 or [littlelambs.fallcreek@yahoo.com](mailto:littlelambs.fallcreek@yahoo.com)

**OFFICE USE**

Date received: \_\_\_\_\_

Registration paid on: \_\_\_\_\_

Check Number: \_\_\_\_\_