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

BLESSED LAMBS PRESCHOOL REGISTRATION
2025-2026

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

BIRTH DATE: _____**AGE AS OF SEPT.1, 2025** _____

PARENT NAMES: 1. _____

2. _____

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)***

_____

For office use only:

Payment: cash/credit/check #_____
2nd child disc. (name of child & program) _____
Amount: _____