

For Office Use Only: Date: \_\_\_\_\_

Program: \_\_\_\_\_

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

**BLESSED LAMBS PRESCHOOL REGISTRATION  
2026-2027**

NAME OF CHILD: \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ GENDER: boy or girl

BIRTH DATE: \_\_\_\_\_ AGE AS OF SEPT. 1, 2026 \_\_\_\_\_

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 # \_\_\_\_\_

2<sup>nd</sup> child disc. (name of child & program) \_\_\_\_\_

Amount: \_\_\_\_\_