

For Office Use Only: Date: _____

Program: _____

Number: _____

**BLESSED LAMBS PRESCHOOL REGISTRATION
2026-2027**

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

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 # _____

2nd child disc. (name of child & program) _____

Amount: _____