



## Part-time Preschool Registration: 2022-2023 School Year

I would like to enroll my child in the Part-time, Little Lambs Preschool Program for:

3 year-olds \_\_\_\_\_ (Tues/Thurs)      4 year-old's \_\_\_\_\_ (Mon/Weds/Fri)

**First and Last Name of Child:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female    Nickname (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: NY Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

**Caregiver Name 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone/type: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (if DIFFERENT than above) \_\_\_\_\_

**Caregiver Name 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone/type: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: (if DIFFERENT than above) \_\_\_\_\_

How did you hear of Little Lambs? \_\_\_\_\_

Has your child attended Preschool/Daycare? \_\_\_ Yes \_\_\_ No

Is English your child's primary language? \_\_\_ Yes \_\_\_ No

If not, please specify: \_\_\_\_\_

**Please notify the Program Administrator if your child:** *(Applicable Health Plans to be complete)*

Has any medical conditions or is required to receive medical treatment while in school.

Is Allergic or Sensitive to any food or insect stings/bites.

**Important:** As a NY State Licensed Daycare Center, we are required to maintain a current copy of all children's physical and vaccination records on or accompanies by the required state form.

*(Program Administrator will provide required Medical Statement Form.)*

**Children MUST be potty trained in order to attend our part-time programs!**

**School Schedule/Tuition/Registration Fee:**

**Parttime 3:** Classes are Tuesday and Thursday from 9:30-12:30. The Registration fee of \$50 is a non-refundable deposit to ensure your child's registration. The price is \$250.00 monthly.

**Parttime 4:** Classes are Monday, Wednesday, and Friday from 9:30-12:30. The Registration fee of \$50 is a non-refundable deposit to ensure your child's registration. The price is \$300.00 monthly.

I have been given the Parent Handbook and understand and accept the program policies and requirements and wish to register my child at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_