

For office use:  
Registration date \_\_\_\_\_

First day of attendance \_\_\_\_\_



**Lambs of Christ  
Learning Center**

**3K 2025-2026 Preschool Registration**  
**September 2, 2025-June 12, 2026**

Child's name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/20\_\_\_\_ Male/Female

Parent/guardian name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

➔ **Preschool Options.** Check one option below to show when your child will attend preschool:

\_\_\_\_\_ 8:30-11:30AM Tuesday/Thursday

\_\_\_\_\_ 8:30-11:30AM Monday/Wednesday/Friday

\_\_\_\_\_ 8:30-11:30AM Monday-Friday

➔ **Extended care** is offered before (6:30-8:30am) and after (11:30am-5:30pm) preschool. Indicate days and times that care is needed:

<b>Days</b>	<b>Drop Off Time</b>	<b>Pick Up Time</b>
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

➔ Preschool and Extended Care registration is confirmed when the registration fee (one fee per family) and this signed form have been submitted.

➔ Families are assessed and billed tuition and hourly care fees for the days and times indicated on this registration form. A two-week written notice is required to change the schedule.

➔ Parents of registered children will be contacted to provide health forms, payment information, and other necessary documentation required for preschool and childcare participants.

➔ This registration holds the child's days and times until the school year begins.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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### PERSONAL INFORMATION

Name (first & last) \_\_\_\_\_ Nickname \_\_\_\_\_

Please list your child's siblings:

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Family religion: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Is your child baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about Lambs of Christ/did anyone refer you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date