



Today's Date: _____

Child Information

Name of child: _____ Date of birth: _____ M/F
 Address: _____ Zip code: _____
 Home Phone: _____ Home Church: _____
 Allergies: _____
 Special Needs: _____
 Medical Conditions: _____
 Child's dominant hand: Left/Right/Has not established

Doctor Name: _____ Phone: _____
 Preferred Hospital: _____ Phone: _____

In case of medical emergency, please contact: _____
 In the event of an emergency, I give permission to Lambs of Grace Preschool to treat my child and transport him/her to the nearest or preferred hospital.

 Parent Signature _____ Date

Parent Information

Mother: _____
 Address: _____
 Home Phone: _____ Cell: _____
 Work Location: _____ Phone: _____
 Home Email Address: _____

Father: _____
 Address: _____
 Phone: _____ Cell: _____
 Work Location: _____ Phone: _____

Child lives with: _____
 Names and ages of siblings:

Director Information:	
Start Date: _____	End Date: _____
Registration Fee Ck # _____	

Emergency Contacts
(Other than the parents or guardians)

#1: Name _____ Phone: _____

#2: Name _____ Phone: _____

My child may be picked up by:

My child may not be picked up by:

If any of the above information changes, I will notify the Lambs of Grace staff immediately.

Parent Signature

Date

Fee Schedule

Number of Days/Week	3 hours (9:00-12:00) (Monthly rate)	Sibling Discount (second child)
2 (Tues/Thurs)	\$165.00	\$148.00
3 (Mon/Wed/Fri)	\$200.00	\$180.00
4 (Mon-Thursday)	\$255.00	\$230.00
5 (Mon-Friday)	\$300.00	\$270.00

A yearly registration and supply fee of \$100.00 is non-refundable and is due at the time of enrollment.

Lambs of Grace offers developmentally age appropriate curriculum each day of the week:

Preschool curriculum and activities for children ages 3.0 to 3.5

Prekindergarten curriculum and activities for children ages 3.6 to 5.0 years

Please note that our classrooms are multi-age classrooms every day of the week.

Discounts are offered for second child.

Discounts are not given for missed days or illnesses.

A 50% reduction in tuition will be given only for the month of August. There will be no other reductions within the school year.

All payments are due by the 1st of the month. A late fee of \$15.00 is assessed after the 15th of the month.

I wish to enroll my child (please circle)

2 days a week

4 days a week

3 days a week

5 days a week

I agree to pay the yearly non-refundable registration and supply fee of \$100.00. I agree to pay the monthly fee of _____ by the 1st of every month.

If I wish to disenroll my child, I will give a one month notice and will pay for the time that my child attends.

Parent Signature

Date