

Registration Fee Paid _____ Cash check# _____ 2 3 Day Program

His Lambs Preschool Registration Form

Child's Name _____

Nickname (if any) _____

Child's date of birth _____

Address _____

Home phone number _____

Work phone number _____

Parent or Guardian's Name _____

Medical Information

Doctor _____

Phone Number _____

Does your child have Allergies? _____

If yes, please explain

Does your child take any medication? _____

If yes, please explain _____

Please list the name and phone number of the person to contact in case of an emergency

Please list any talents, special interests, or hobbies that your child enjoys

