

The Good Shepherd's Little Lambs Preschool

140 East 56th Street, Tacoma WA 98404

www.LittleLambsTacoma.com

"Sharing
CHRIST
Feeding
LAMBS"

**Registration
Year: 20__/20__**

Child's First Name: _____ Child's Last Name: _____

Child's date of birth: _____ Gender: ___M___F Nickname: _____

Class Request: ___Preschool (2 day)___ Preschool (3 day)___ Jr. Kindergarten (3 day)___ Jr. Kindergarten (5 day)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Cell # _____ Email _____

Which is the best way to communicate with your family? ___Email___ Cell ___Text___ Mail

Family information: ___Married___ Separated ___Divorced___ Single

Siblings Names and Ages: _____

If divorced do both parents have shared custody? ___Yes___ No

If parents have shared custody, please submit a copy of the court custody agreement for your child's file.

Parent/Guardian: _____ Parent/Guardian: _____

Email: _____ Email: _____

Primary Phone: _____ Primary Phone: _____

Cell Phone: _____ Cell Phone: _____

Occupation: _____ Occupation: _____

What language(s) are spoken at home: _____

Name of church you attend: _____

Is child baptized? ___Yes___ No Does child attend Sunday School? ___Yes___ No

If parents cannot be reached, person(s) to be contacted in an emergency:

Name: _____ **Relation:** _____ **Phone:** _____

Health Information

Child's Dentist: _____ Phone: _____ Don't have a dentist: _____

Child's Doctor: _____ Phone: _____ Hospital: _____

Allergies: _____

Emotional or physical challenges: _____

Over Please

I, _____, hereby give permission for members of the staff of The Good Shepherd's Little Lambs Preschool to seek emergency medical treatment for my child in the event that I cannot be contacted.

x _____
(Signature of parent or legal guardian) (Date)

Permission/Release for the use of Photographs, Digital and Audio Media

- Yes, I grant permission to Little Lambs Preschool, Good Shepherd Lutheran Church, related organizations, publications and electronic media, the use of my child's preschool related photograph(s) and electronic media images including audio.
- No, please do not use my identifiable child's image except in the yearbook. Group class photographs for electronic media will show a blurred face.

x _____
(Signature of Parent or Legal Guardian) (Date)

The following person(s) not previously listed may pick up my child from preschool:

Name:	Relation:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about The Good Shepherd's Little Lambs Preschool?

Please submit the non-refundable registration/supply fee with this form. A copy of your child's immunization record must be submitted before your child begins school.

In Office Use Only

Preschool 2's _____ Preschool 3's _____ Preschool 4's _____ Jr. Kindergarten _____
Date received: _____ First Day: _____ Withdrawn: _____
Immunization record received _____ handbook received: _____
Registration/supply fee received _____ Check # _____ PayPal _____ Amount _____ Date _____