

Registration Form
Precious Lambs Preschool
285 W. Washington St. Grayslake, IL 60030

Child's Name: _____
Last First Middle Nickname

Date of Birth: _____
Month Day Year

_____ Sibling _____ Alumni _____ New Student

Class Requesting: (Please indicate your 1st and 2nd choices, classes are assigned based on a lottery system and by overall children's dynamics of age and gender.)

AM classes are from 9:00-11:30 **KEEP** class is from 12:30-3:30 Monday-Friday

MWF am (3-5 yrs) _____

T/TH am (3-4 yrs) _____

KEEP (4-6 yrs) _____

*There is a \$50 non-refundable registration fee that must be submitted with this registration form, payable by cash or check to: Precious Lambs Preschool.
Registration forms can be placed in the registration box located near the director's office or mailed to Precious Lambs Preschool.

Child's Information:

Address: _____
(Street)

_____ (Town) _____ (State) _____ (Zip)

Home Phone: _____ Birthday: _____ Sex: Male ___ Female _____

Religion: _____ Home Church: _____

Email address _____

Ethnicity (please circle one): Caucasian African-American Hispanic Asian
Native American Other: _____

