

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

Child's Name: _____
Last First Middle Nickname

Date of Birth: _____ **Gender:** Male ___ Female ___
Month Day Year

_____ Sibling _____ Alumni _____ New Student

Class Requesting: (Please indicate your 1st and 2nd choices. Classes are assigned based on a first come, first served basis)

MWF and **T/TH** am classes are from 9:00-11:30
KEEP pm class is from 12:30-3:30 Monday-Friday

MWF am (3-5 yrs) _____

T/TH am (3-4 yrs) _____

KEEP pm, M-F (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.

How did you hear about Precious Lambs? (Please circle one)

Referral by Friend Drive-By Mailing Newspaper Other _____

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

***We do not discriminate on the basis of race, color, national, or ethnic background.**

Parent's Signature: _____ Date: _____

Family Information

Home Address: _____
(Street)

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

Home Phone: _____

Marital Status: Married Separated Divorced Widowed Single

Father's Name: _____

Father's Occupation: _____ Business Name: _____

Work Address: _____ City: _____

Work phone: _____ Cell phone: _____

Mother's Name: _____

Mother's Occupation: _____ Business Name: _____

Work Address: _____ City: _____

Work phone: _____ Cell phone: _____

Religion: _____ Home Church: _____

Email address _____

Siblings Names and ages: _____

For office use only: Registration fee paid by: cash check # _____
Day: MWF T/TH KEEP
Time: AM PM
Date Received: _____ Time: _____