



Little Lambs Academy Application for Enrollment

Today's Date _____

Name of Child _____

Name Child prefers to be called _____

Date of Birth _____ Age _____

Names and Birth dates of Younger siblings (for future priority registration)

Parents Names _____

Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (Cell) _____ Home Church _____

(for Synod Statistical Purposes)

Email Address: _____

Class Desired:

3K	4K
<input type="checkbox"/> Half-Day T/Th 9:00-11:30am	<input type="checkbox"/> Half-Day M/W/F 9:00-11:30am
<input type="checkbox"/> Half-Day T/Th 12:30pm-3:00pm	<input type="checkbox"/> Half-Day M/W/F 12:30pm-3:00pm
<input type="checkbox"/> Lunch Bunch T, Th or T/Th 11:30am-12:30pm	<input type="checkbox"/> Full-Day M/W/F 9:00am-3:00pm

3K/4K only: Is your child potty trained? Yes ___ No ___

Any special needs you want to make us aware of to better serve your child?

How did you hear about Little Lambs Academy? _____

Office Use Only

Birth Certificate verified by: _____ Date: _____

_____ \$75 Registration Fee Paid _____ Date ___ Cash _____ Check #