



The Good Shepherd's Little Lambs Preschool

140 East 56th Street, Tacoma, WA 98404

www.littlelambstacoma.com

Sharing Christ, Feeding Lambs

REGISTRATION

Class Preference

1-Toddler_____

2-Day_____

3-Day_____

4-Frthr Fri. _____

Child's Full Name_____

Age_____ Birth date_____ Sex_____

Address_____ City_____ Zip_____

Mailing Address (if different)_____ City_____ Zip_____

Home Phone_____ E-mail_____

Father's Name_____ Mother's Name_____

Employer_____ Employer_____

Work Phone_____ Work Phone_____

Cell Phone_____ Cell Phone_____

Language(s) Spoken at Home_____

Marital Status_____ Siblings and Ages_____

Name of church you attend_____

Is Child Baptized?_____ Does child attend Sunday School? Yes _____ No_____

The following person(s) may pick up my child from preschool in my absence:

Name_____ Relation_____ Number_____

Name_____ Relation_____ Number_____

Name_____ Relation_____ Number_____

Health Information

Child's Doctor_____ Phone_____ Hospital_____

Allergies_____

Emotional, Physical challenges_____

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.

(Signature of Parent or Legal Guardian)

(Date)

OVER PLEASE

Permission/Release for 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 child's full name will ever be printed with a photograph in these settings except for the yearbook (which is available in hard/paper copy only).*

_____ 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.

(Signature of Parent or Legal Guardian)

(Date)

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

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

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

PLEASE SUBMIT THE NON-REFUNDABLE REGISTRATION FEE WITH THIS FORM. A COPY OF THE CHILD'S IMMUNIZATION RECORD MUST BE SUBMITTED BEFORE YOUR CHILD BEGINS SCHOOL.

In Office Use Only

Toddler Tuesdays _____ 3yr old _____ 4yr old _____ Further Fridays _____

Date received _____ First Day _____ Withdrawn _____

Immunization Record Rec'd _____ Received Handbook _____

Registration Fee Rec'd _____ ck# _____ Paypal _____ Amount _____