



**The Good Shepherd's Little Lambs Preschool**  
 140 East 56<sup>th</sup> Street, Tacoma, WA 98404  
 www.littlelambstacoma.com

Class Preference
2-Day_____
3-Day_____

**REGISTRATION**

Child's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact name & number (not above) \_\_\_\_\_

Language(s) Spoken at Home \_\_\_\_\_

Marital Status \_\_\_\_\_ Siblings and Ages \_\_\_\_\_

Name of church you attend \_\_\_\_\_

Is Child Baptized? \_\_\_\_\_ Attends Sunday School \_\_\_\_\_

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

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

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

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

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**In Office Use Only**

Date received \_\_\_\_\_

First Day \_\_\_\_\_ Withdrawn \_\_\_\_\_

Registration Fee rec'd \_\_\_\_\_ ck# \_\_\_\_\_

Received Handbook \_\_\_\_\_

Immunization Record \_\_\_\_\_

Over please

**HEALTH INFORMATION**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

Allergies \_\_\_\_\_

Emotional, Physical challenges \_\_\_\_\_

If parents cannot be reached, person to be contacted in emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

*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.*

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(Signature of Parent and/or Legal Guardian)

(Date)