



The Good Shepherd's Little Lambs Preschool

140 East 56th Street, Tacoma, WA 98404

www.littlelambstacoma.com

Sharing Christ, Feeding Lambs

Class Preference

___ TWOsDay

___ Preschool 3's

___ Preschool 4's

___ Jr. K

REGISTRATION

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?: _____

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

TWOsDay Tuesdays: _____ Preschool 3's: _____ Preschool 4's: _____ Jr. Kindergarten: _____

Date received: _____ First Day: _____ Withdrawn: _____

Immunization Record Rec'd: _____ Received Handbook: _____

Registration Fee Rec'd: _____ check #: _____ PayPal: _____ Amount: \$ _____