

**Little Lambs
Registration Form
Poplar Heights Baptist Church**

Child's Full Name _____
Date Of Birth (MM/DD/YY) _____ Age _____ Sex _____
Address _____ City _____ Zip Code _____
Home Phone _____
Father's Name _____ Cell/Work Phone _____
Employer _____
Mother's Name _____ Cell/Work Phone _____
Employer _____
Email Address _____
Brothers/Sisters _____
Parents Church _____
How did you hear about Little Lambs? _____

Emergency Contacts, other than parents:

1. _____ Phone _____
2. _____ Phone _____

Medical Clinic _____ Doctor _____

Are Immunizations up to date? _____ (Please provide shot record)

Any Known Allergies? _____

Physical Problems? _____

Any Special Instructions? _____

Other persons who may pick up your child from Little Lambs are:

Throughout the year we will take pictures of your child individually and in groups while participating in preschool activities. These photographs will be used for class activities and crafts and may be displayed in the classroom or in brochures or other marketing material for Little Lambs. Your child will not be identified by name in any marketing materials.

I give permission for my child to be photographed and placed on the Little Lambs Facebook page. (please circle one): YES / NO

I understand that I am signing up for the full semester and I agree to pay all fees due. Should I need to withdraw early, I understand that I still owe for the full semester. I hereby release this Parents Day Out and Church from liability and authorize emergency medical care for my child if I am unable to be contacted. I acknowledge and agree to all the Little Lambs rules and regulations laid out for me and my family in the Little Lambs Handbook.

Parents Signature _____ Date _____

Registration Fee \$25.00 Due with this form
Monthly Tuition \$155.00 Due on first Tuesday each month