

# Little Lambs Preschool

**Agnus Dei Lutheran Church**  
**{253} 858-4702**

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**REGISTRATION FORM      2's, 3's, 4/5's, Pre-K Class**

\_\_\_\_\_ **Day/Class Time**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name by which your child prefers to be called \_\_\_\_\_ Boy / Girl (please circle)

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Names & Ages of other children in family \_\_\_\_\_

\_\_\_\_\_

Previous School(s) Attended \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Childhood Disease (s) \_\_\_\_\_

Speech, Hearing or Visual Concerns \_\_\_\_\_

Person to Contact in case of Emergency \_\_\_\_\_

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

Relationship \_\_\_\_\_

Second Choice in Case Above Cannot be Reached \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Day Care & Phone (if applicable) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

To insure your child's place in class, please complete and return this form to us by \_\_\_\_\_ with a non-refundable registration fee of \$75. The staff at **Little Lambs Preschool** will make every effort to satisfy the needs of each child. To this end, please note on back of this form any emotional, social, physical or intellectual information concerning your child that may be helpful to us.

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**10511 Peacock Hill Avenue NW, Gig Harbor, Washington 98332**

***Agnus Dei's Little Lambs Preschool is a Christian based, high quality early childhood education program for all children without regard to their race, ethnicity, gender, religious history, social or economic background.***