

Little Lambs Preschool

916 Centerville Turnpike N. Chesapeake, VA 23320
757-479-3939 LittleLambsPreschool.org

Application Date_____

A. Student Information

Child's Name_____ Nickname_____

Child's age_____ Child's Birthday_____

Address_____

(Street) (City) (Zip Code)

Date of Baptism_____ Place of Baptism_____

Home Church_____

Child lives with: (Circle) Both Parents Mother Father Other

B. Program Selection (Please Circle)

3 Day (M/W/F) Preschool 9am-1pm 3 Day (M/W/F) Full Day

5 Day (M-F) Preschool 9am-1pm 5 Day (M-F) Full Day

C. Family Information

Mother's name_____

Mother's Address (if different)_____

Mother's Occupation _____

Phone Numbers _____

Home Cell Work

Mother's email_____

Father's name_____

Father's Address (if different) _____

Father's Occupation _____

Phone Numbers _____

Home Cell Work

Father's email_____

Siblings names and ages_____

Are you interested in learning more about Resurrection Lutheran Church?

C. Emergency Contact Information

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

D. Your Child's Health

A copy of your child's immunizations and current physical will be needed

Physician Name _____ Phone # _____

Hospital Name _____ Phone # _____

Dentist Name _____ Phone # _____

Insurance Company _____ Policy/Group ID _____

Does your child have any known allergies?

Does your child have any medical conditions which I should be made aware of?

General state of health:

E. How did you hear about Little Lambs Preschool?

F. Any specific concerns or questions?
