



Little Lambs Preschool

916 Centerville Turnpike North
Chesapeake, VA 23320
(757) 479-3939

director@bultonjesus.org

www.bultonjesus.org

Student Registration Form

Student
Demographics

Last Name	First Name	Middle Name	
Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Home Address	City	State	Zip

Guardian 1

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)	Email	
Employer	Occupation		
Work Address	Work Phone No.		

Guardian 2

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)	Email	
Employer	Occupation		
Work Address	Work Phone No.		

Family

Student Lives with: <input type="checkbox"/> Both mother and father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			
Siblings			
Full Name	Date of Birth	Gender	School (if applicable)

Little Lambs Preschool

Student Registration Form (continued)

Program Enrollment
(check all boxes that apply)

- ☐ 3-day Preschool (Tuesday, Wednesday, and Thursday) 9:00 AM to 1:00 PM
- ☐ 5-day Preschool (Monday through Friday) 9:00 AM to 1:00 PM
- ☐ Extended Care (Monday through Friday) 7:00 to 9:00 AM and/or 1:00 to 5:30 PM

Day	Anticipated Drop-off Time	Anticipated Pick-up Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Survey

What languages are spoken at home?

What is the student's ethnic origin?

Home Church & Religious Affiliation

Baptized? ☐ Yes ☐ No

List previous child day care programs and schools attended.

List other schools/programs student is attending while enrolled at Little Lambs Preschool.

How did you hear about Little Lambs Preschool?

Little Lambs Preschool

Student Medical Form

Student Demographics	Last Name		First Name		Middle Name	
	Nickname		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	
	Home Address		City		State	Zip

Guardian 1	Last Name		First Name		Relationship	
	Home Address (<input type="checkbox"/> same as student)		City		State	Zip
	Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)		Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)		Email	

Guardian 2	Last Name		First Name		Relationship	
	Home Address (<input type="checkbox"/> same as student)		City		State	Zip
	Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)		Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home)		Email	

Health and Medical Information	Medications					
	Allergies and Intolerances (food, medication, other substances)					
	Medical Conditions, Developmental Concerns, Special Accommodations Needed					

Health Care Providers	Physician		Phone Number	
	Dentist		Phone Number	

Health Insurance Information	Primary Insurance Provider		Policy / Group ID Number	
	Secondary Insurance Provider		Policy / Group ID Number	
	Dental Insurance Provider		Policy / Group ID Number	

Little Lambs Preschool

Student Medical Form (continued)

I give my consent for my child to be picked up by the contact designated below by checking the yes box.

Emergency Contact Information

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name	First Name	Relationship	
Home Address (<input type="checkbox"/> same as student)	City	State	Zip
Primary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Secondary No. (<input type="checkbox"/> cell, <input type="checkbox"/> home, <input type="checkbox"/> work)	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

Little Lambs Preschool

Authorizations

Medical

Little Lambs Preschool agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

- ☐ I authorize Little Lambs Preschool to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
- ☐ I understand that I assume all financial responsibility for any medical treatment or injuries sustained by my child while he/she is at Little Lambs Preschool.
- ☐ I agree to inform Little Lambs Preschool within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Media

- ☐ I give Little Lambs Preschool permission to take photographs and videos of my child for use in the classroom, in advertising materials, and on website and social media pages.
- ☐ I do not give Little Lambs Preschool permission to take photos and videos of my child for use in the classroom, in advertising materials, and on our website and social media pages.

Financial

A non-refundable registration fee of \$125 is required at time of registration, either by check or online payment. Tuition payments are broken down into ten monthly installments. Monthly payments are due on the 25th of the prior month. A \$35 late fee will be charged on the 1st of the month. No tuition adjustments will be made due to illness or absence, nor will make up days be offered. An additional fee of \$5.00 per 10 minutes will be charged for late pick-up. Failure to make arrangements for payment, within thirty days of the date owed, will terminate enrollment.

- ☐ I have read and understand the above financial policy and agree to all terms.

Print Parent or Guardian's Full Name

Print Child's Full Name

Parent or Guardian's Signature

Date