Little Lambs Mother’s Day Out

A Ministry of Liberty Baptist Church

September 2022 – May 2023 Registration Form

**Registration Fee: A registration fee is due at the time of placement to ensure your child’s position.**

**The fee for new students is $ 50.00 ; The fee for students returning from the previous year is $ 40.00.** **ALL FEES ARE NON-REFUNDABLE &**

**NON-TRANSFERABLE.**

**Class Date of Birth Breakdown**

**Please Check the Appropriate Space**

**for the Time Frame & Number of Days Your Child will be Registering to Attend**

**REQUIREMENTS: Placement for children in Little Lambs MDO classes will be determined by their age on September 2nd of the current school year. (For example: Your child must be three (3) years old on or before September 2nd in order to enter the three-year-old program.) ALL children in the Three & Four Year Old program MUST be**

**Potty Trained in order to participate.**

**\_\_\_\_\_\_\_\_ Babies Class: September 3, 2021 – September 2, 2022**

**\_\_\_\_\_\_\_\_ One Year Old Classes: September 3, 2020 – September 2, 2021**

**\_\_\_\_\_\_\_\_ Two Year Old Classes: September 3, 2019 – September 2, 2018**

**\_\_\_\_\_\_\_\_ Three Year Old Classes: September 3, 2018 – September 2, 2019**

**\_\_\_\_\_\_\_\_ Four & Five Year Old Classes: January 1, 2017 – September 2, 2018**

**Program Days and Times**

**\_\_\_\_\_\_\_\_ 2 Days a Week: Tues. & Thurs. ; \_\_\_\_\_ 8:30-12:30 or \_\_\_\_\_ 8:30-2:00**

**\_\_\_\_\_\_\_\_ 3 Days a Week: Tues., Wed., & Thurs. ; \_\_\_\_\_ 8:30-12:30 or \_\_\_\_\_ 8:30-2:00**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child is called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_**

**Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Month/Day/Year)**

**Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Information Sheet**

**Help us plan for your child’s needs by providing the information requested. Our staff will have**

**a greater ability to understand concerns and responses, along with offering support and encouragement to your child with the information you provide. This information will be held confidential.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Likes to be called (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Mother (or Guardian #1 & relation to child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Father (or Guardian #2 & relation to child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status of Parents / Guardians: Married Separated Divorced Widowed Single**

**Primary Language spoken in Home: English Spanish Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would a translator be needed for communication purposes? Yes No**

**If yes, please list the name and phone # of the translator(s) available.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If speaking, does your child speak: English Spanish Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child toilet trained? Not at All Introducing Concept Sometimes Make It ALL the Time**

**Does your child have allergies documented by a physician? (food, insect, etc)**

**We will need documentation on file from a physician regarding allergies & treatments.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any possible or identified special needs? Yes No**

**Is your child being treated by a physician, therapist or other specialist for these needs? Yes No**

**(Special Needs include but are not limited to Eyesight, Speech, Hearing, Bone/Muscle Problems, Autism, Down Syndrome, ADD, ADHD, Anger Control, etc.)**

**If YES, please explain those needs and how they may affect your child while attending our program.**

**You may attach a separate piece of paper if needed. If the child is being treated for any special need, documentation from a physician regarding diagnosis and treatment should be on file before enrollment.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**Please read and sign in acknowledgement of policy change**

**If you decide your child will not be attending our 2022-2023 program after registration, you must notify us by August 1, 2022 or you will be responsible for paying 1st months tuition.**

**Signature of acknowledgement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do not write below this line\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use only:**

**Date registered confirmed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**