



Little Lambs Application

Child's Full Name: _____

Child's D.o.B.: _____

Child's Gender: _____

Parent(s)/Caregiver(s)		
Email Address(es)		
Phone Number(s)		

Little Lambs daily schedule runs on scheduled weekdays during the school year from **8am to 4pm.**

Check here if you would like to enroll your child in extended care (**7:30am to 5pm**).
(This will increase your tuition - see payment schedule.)

Church Affiliation (if any): _____

Referred by (if applicable): _____

Parent(s)/Caregiver(s) signature(s), stating they have filled out this form truthfully and to the best of their knowledge:

Date of application: ____/____/____