

# LITTLE LAMBS CHRISTIAN PRE-SCHOOL Enrollment Form

CHILD \_\_\_\_\_  
Last Name First Middle Nick Name

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

Email \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SEX: M / F DATE OF BIRTH \_\_ / \_\_ / \_\_ BIRTHPLACE \_\_\_\_\_

FAMILY: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

BROTHERS AND SISTERS:

\_\_\_\_\_ AGE \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ AGE \_\_\_\_\_

MARITAL STATUS OF CHILD'S PARENTS:

MARRIED \_\_\_\_\_ OTHER \_\_\_\_\_

WITH WHOM DOES THE CHILD RESIDE? \_\_\_\_\_

LIST OTHER MEMBERS OF HOUSEHOLD BESIDES IMMEDIATE FAMILY:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a second language spoken in the home? \_\_\_\_\_

If yes, which language \_\_\_\_\_

## PHYSICAL ENVIRONMENT

Dwelling: House \_\_\_\_\_ Duplex \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_

Does the child have a room of his own? Y / N If not, shared by whom? \_\_\_\_\_

Does the child have yard space to play? \_\_\_\_\_

## PERSONAL

Does your child appear to be right handed? \_\_\_\_\_ Left handed? \_\_\_\_\_ or both? \_\_\_\_\_

Does your child usually finish tasks started? \_\_\_\_\_

Any previous pre-school experience? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child attend Sunday School or Church? \_\_\_\_\_ Where? \_\_\_\_\_

Are playmates younger? \_\_\_\_\_ Same age? \_\_\_\_\_ Older? \_\_\_\_\_ Alone? \_\_\_\_\_

Does your child prefer to play with groups? \_\_\_\_\_ Individuals? \_\_\_\_\_ Alone? \_\_\_\_\_

SPECIAL INTERESTS

Does he/she have a pet? \_\_\_\_\_ What kind? \_\_\_\_\_ Name? \_\_\_\_\_

What are his/her favorite pastimes? \_\_\_\_\_

Favorite TV program? \_\_\_\_\_

Favorite games? \_\_\_\_\_

Favorite stories? \_\_\_\_\_

Favorite songs? \_\_\_\_\_

What are his/her favorite toys? \_\_\_\_\_

Does he/she share? \_\_\_\_\_

Any special interests or talents? \_\_\_\_\_

What is your child's attitude toward coming to this school? \_\_\_\_\_

Does your child help in:

Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Washing hands \_\_\_\_\_ Toilet \_\_\_\_\_ Eating \_\_\_\_\_

Does your child have any special problems, fears or handicaps? \_\_\_\_\_

Additional Comments? \_\_\_\_\_

How did you learn about Little Lambs? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

I am interested in my child attending:	M	W	A.M.	3 year old
	M	W	P.M.	3 & 4 yr. olds (split class)
	T	TH	A.M.	4 & 5 yr. olds
	T	TH	P.M.	4 & 5 yr. olds
		FRI	A.M.	4 & 5 yr. olds (this is an optional 3 <sup>rd</sup> day providing there is a minimum no. enrolled.)