

**Registration Form**  
Precious Lambs Preschool  
285 E. Washington St. Grayslake, IL 60030



**Child's Name:** \_\_\_\_\_  
Last First Middle Nickname

**Date of Birth:** \_\_\_\_\_ **Gender:** Male \_\_\_ Female \_\_\_  
Month Day Year

\_\_\_\_\_ Sibling \_\_\_\_\_ Alumni \_\_\_\_\_ New Student

**Class Requesting:** (Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choices. Classes are assigned based on a first come, first served basis)

**MWF and T/TH am** classes are from 9:00-11:30am

MWF am (3-5 yrs.) \$220 \_\_\_\_\_

T/TH am (3-4 yrs.) \$155 \_\_\_\_\_

We are currently accepting a waitlist for our 5-day afternoon pre-K program. If we have 10 students interested, we can run the class. As of right now, we are planning for a morning program only for the 2021-2022 school year.

Pre-K KEEP pm, M-F (4-6 yrs.) wait list \$350 \_\_\_\_\_

\*There is a \$60 non-refundable registration fee that must be submitted with this registration form, payable by cash or check to: Precious Lambs Preschool. Registration forms can be placed in the registration box located near the Director's office, the drop box outside the preschool doors or mailed to Precious Lambs Preschool.

How did you hear about Precious Lambs? (Please circle one)

Referral by Friend Drive-By Mailing Newspaper Other \_\_\_\_\_

Ethnicity (please circle all that apply): Caucasian African American Hispanic

Asian Indian Native American Other: \_\_\_\_\_

**\*We do not discriminate on the basis of race, color, national, or ethnic background**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Information**

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Town) (State) (Zip)

Primary Phone Number: \_\_\_\_\_

Marital Status: Married Separated Divorced Widowed Single

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Home Church: \_\_\_\_\_

Email address \_\_\_\_\_

Siblings Names and ages: \_\_\_\_\_

\_\_\_\_\_

For office use only: Registration fee paid by: cash check # _____
<b>Day:</b> MWF T/TH KEEP
<b>Time:</b> AM PM
Date Received: _____ Time: _____
Date of Enrollment Discharge: _____