

**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,  
**Enrichment** runs from 8:00-8:50 am on Wednesdays and Fridays

MWF am (3-5 yrs.) \$260 \_\_\_\_\_

T/TH am (3-5 yrs.) \$195 \_\_\_\_\_

MWF and T/TH \$405 \_\_\_\_\_

\*Enrichment W/F \$120 \_\_\_\_\_

\*Must be 4 and entering kindergarten the following year

\*There is a \$75 non-refundable registration fee that will be billed via our Procure App once registration is submitted. 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 MTWTHF Enrichment Date Received: _____ Time: _____
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