

# LITTLE LAMBS



## AT BAY LEAF

### 2023-24 Preschool Registration Form

PLEASE CHECK PREFERRED CLASS				
Class/Age*	✓	Days Offered	Registration Fee	Monthly Tuition
Infants		T/TH	\$260	\$260
		M/W/F	\$315	\$315
		M-F	\$460	\$460
Ones		T/TH	\$260	\$260
		M/W/F	\$315	\$315
		M-F	\$460	\$460
Twos		T/TH	\$260	\$260
		M/W/F	\$315	\$315
		M-F	\$460	\$460
Threes		T/TH	\$260	\$260
		M/W/F	\$315	\$315
		M-F	\$460	\$460
Fours		T/TH	\$260	\$260
		M/W/F	\$315	\$315
		M/T/TH/F	\$390	\$390
		M-F	\$460	\$460
Transitional Kindergarten		M-F only	\$460	\$460

\*Age as of August 31, 2023

#### CHILD'S INFORMATION

Please complete a separate form for each child

Name of Child (Last, First, MI):

Preferred Name:

☐ Boy

☐ Girl

Date of Birth:

Age on August 31, 2023

Gender

School last attended:

Days attended (per week):

#### FAMILY INFORMATION

Mother's /Guardian's Full Name:

Cell Phone Number:

Address:

City

Zip Code

Employer:

E-Mail Address:

Home Phone Number:

Father's /Guardian's Full Name:

Cell Phone Number:

Address:

City

Zip Code

Employer:

E-Mail Address:

Home Phone Number:

## PERSONAL INFORMATION

Does this child live with both parents? ☐ YES ☐ NO If no, who has custody? \_\_\_\_\_

List names and ages of siblings: \_\_\_\_\_

Does your family attend church? ☐ YES ☐ NO If yes, where? \_\_\_\_\_

Does your child have any special needs and/or does your child currently receive any special services (PT, OT, speech)? ☐ YES ☐ NO If yes, please explain:

Please give any information concerning your child which will be helpful (such as favorite games, special fears, any other special likes and dislikes):

## EMERGENCY CONTACT INFORMATION/MEDICAL PERMISSION & RELEASE

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Bay Leaf Baptist Church, all of its officers, directors, and coordinators, all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for any church activity, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

It is my understanding that Bay Leaf Baptist Church will attempt to notify me in case of a medical emergency involving my child. If Bay Leaf Baptist Church staff members, chaperones, or any other Bay Leaf leaders cannot reach me, then I authorize Bay Leaf Baptist Church to secure any medical treatment necessary for my child by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. This authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary. I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

Contact in case of emergency  
(relationship) \_\_\_\_\_

Contact's Telephone Number: \_\_\_\_\_

Secondary Contact in case of emergency  
(relationship) \_\_\_\_\_

Secondary Contact's Telephone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Member Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## CHILDREN'S MEDICAL HISTORY REPORT

Is child allergic to anything? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Is child currently under a doctor's care? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

Is child on any continuous medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what? \_\_\_\_\_

Any previous hospitalizations /operations? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when and for what? \_\_\_\_\_

Any history of significant illness (ex: diabetes, epilepsy, heart disease)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does the child have any physical disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does the child have any mental disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

#### CONSENT OF USE OF STUDENT'S IMAGE IN MEDIA

I understand that during the course of weekday preschool at Little Lambs Learning Center, students may be photographed. This form allows you as a parent/guardian to choose whether or not you will allow this. Check all that apply (if you do not give any permission, please leave blank):

\_\_\_\_\_ I **DO** give permission for my child's image to be used in weekday classroom activities and Brightwheel.

\_\_\_\_\_ I **DO** give permission for my child's image to be used in church media and blogs, our webpage, advertisements for our program, our Facebook page, etc.

#### PLEASE INITIAL BESIDE EACH STATEMENT

\_\_\_\_\_ I understand that class space is subject to enrollment on a "first come, first served basis." If my child does not initially receive a space he/she will be placed on a class wait list and I will be notified by the Director.

\_\_\_\_\_ I understand that the non-refundable registration fee will be due within 48 hours of receiving the billing statement, or my child's space may be forfeited.

\_\_\_\_\_ I understand that I must provide a copy of my child's up-to-date immunizations, and that Little Lambs does not accept Religious Exemptions.

\_\_\_\_\_ I understand that Little Lambs Learning Center is a Christ-Centered program that teaches a biblical curriculum.

Date: \_\_\_\_\_ Signature of Mother: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Father: \_\_\_\_\_