

LITTLE LAMBS



AT BAY LEAF

2024-25 Preschool Registration Form

PLEASE CHECK PREFERRED CLASS				
Class/Age*	✓	Days Offered	Registration Fee	Monthly Tuition
Infants		T/TH	\$285	\$285
		M/W/F	\$345	\$345
		M-F	\$505	\$505
Ones		T/TH	\$285	\$285
		M/W/F	\$345	\$345
		M-F	\$505	\$505
Twos		T/TH	\$285	\$285
		M/W/F	\$345	\$345
		M-F	\$505	\$505
Threes		T/TH	\$285	\$285
		M/W/F	\$345	\$345
		M-F	\$505	\$505
Fours		T/TH	\$285	\$285
		M/W/F	\$345	\$345
		M/T/TH/F	\$430	\$430
		M-F	\$505	\$505
Transitional Kindergarten		M-F only	\$505	\$505

*Age as of August 31, 2024

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, 2024

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: _____

PLEASE CAREFULLY READ AND INITIAL EACH STATEMENT

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 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 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 my child may be photographed at Little Lambs during normal hours, field trips or activities. These photographs may be used in Brightwheel, classroom activities and promoting Little Lambs, either in print or on the internet. It is my responsibility to inform Little Lambs in writing in the event that I no longer wish to authorize the above uses. This form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

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: _____