

Lambs Gate Christian Preschool
Application for Admission
2010-2011 School Year



Select desired class:

Early Years (T-Th) \$60/mth _____ (offered mornings only 8:30-11:00)

Pre-K (M-W) \$60/mth _____ Pre-K(M-W-F) \$70/mth _____

If enrolling in a Pre-K class, select time preference below:

AM (8:30-11:00am) _____ PM (12:30-3:00pm) _____ Either _____

Name of Child _____

Name for School (what we will teach them to write) _____

Date of Birth _____ Age on Sept 1, 2010 _____

Name of Parents _____

Home Address _____

Home Phone _____ Email _____

Cell Phone: Mother _____ Father _____

Work Phone: Mother _____ Father _____

Physician _____ Phone _____

Name and phone of person(s) to call in case of emergency: (Other than parents)

1. _____

2. _____

Person(s) authorized to pick up child from school:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

How did you learn about Lambs Gate Preschool? _____

Where will your child attend Kindergarten? (if known) _____

**Please include \$50 application fee along with this application to secure your child's place in preschool.