



Little Lambs Preschool Registration Form
Trinity United Methodist Church



Child's Name _____

Date of Birth _____ Age _____

Home Address _____

Home Phone _____ Cell Phone _____

Mother/Guardian Name _____

Work Phone _____

Father/Guardian Name _____

Work Phone _____

Allergies or other important medical conditions (please be specific):

I hereby **do** **do not** give my permission for my child to be photographed or their images to be recorded electronically or otherwise for the purposes of promotion of this preschool. I understand that it is my responsibility to update this form if I wish to change this authorization.

 Parent/Guardian Signature Date