



Pre-Enrollment Application

Please fill out one sheet per child

Date: _____

Male _____ Female _____

Child's Name _____

Date of Birth ____/____/____

Child's Home Address _____

Child's Home Phone#: _____

Mother's Name and Work Phone#: _____ Work # _____

Father's Name and Work Phone #: _____ Work # _____

Planned Enrollment Date: _____

Approximate times of service needed (example: 7am to 3 pm) _____

Program:	
Infant (6 weeks to 15 months)	Assigned Classroom _____
Toddlers (16 months to 24 months)	Assigned Classroom _____
Lambs Two's	Assigned Classroom _____
Lambs Three's	Assigned Classroom _____
Lambs Four's/Five's	Assigned Classroom _____
Ivy League Club (Before & After School)	School: _____
Ivy League Club (Before OR After School)	School: _____
Ivy League Camp (5 years & older)	5 Days/Week _____

Please include your fax# and/or E-Mail address to receive further updates from us. _____

Please tell us how you were referred to Lambs & Ivy _____

Lambs & Ivy Use Only		
Tuition Quoted \$ _____	Registration Received \$ _____	Received on (Date) _____
Received By: _____	Check # _____	