



FPC LITTLE LAMBS
ENROLLMENT APPLICATION
SUMMER 2018

Child's Information:

Full Name: _____ D.O.B. _____ Age _____

Name Preferred: _____

Child's Siblings _____

Boy or Girl
(circle)

Parent Information:

Mother's Name: _____ Cell # _____ Work# _____

Home Address: _____

Email: _____

Father's Name: _____ Cell# _____ Work# _____

Home Address: _____

Email: _____

Church your family attends: _____

Emergency Contact Information

(This information will be used only if neither parent can be contacted.)

Name _____ Relation _____

Home # _____ Cell# _____ Work# _____

Name _____ Relation _____

Home# _____ Cell# _____ Work# _____

Persons Allowed to Pick up Child from First Presbyterian Little Lambs:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

We must have verbal or written permission from Parent/Guardian prior to releasing your child to any party. Photo identification is required before child is released to anyone other than the guardian.

Parent/Guardian Signature

Date

Medical Information

!!!!Upon submission of application a current BLUE SLIP must be submitted!!!!

Child's Physician: _____ Phone #: _____

Preferred Hospital: _____

Regular Medication Child Takes: _____

Special Needs: _____

Allergies: _____

Does your child have food allergies? _____

Please list:

Medical Release

In the unlikely event of any emergency during which I cannot be reached, I hereby give my consent for treatment to be administered to my child as well as transportation by ambulance, if necessary. I hereby release First Presbyterian Church and staff from liability in case of an accident.

(Please sign)

Current Immunization Form(due with application) exp. date _____

Little Lambs Summer program meets on Tuesday and Thursday only for a total of 5 weeks.

A check for \$150 is due with each application.

CHECK # _____