



Application for Enrollment 2011-2012
Lambs of Grace Preschool
7550 Eubank Blvd NE
Albuquerque, NM 87122

Today's Date: _____

Start Date: _____

End Date: _____

Child Information

Name of child: _____ Date of birth: _____ M/F

Address: _____ Zip code: _____

Home Phone: _____ Home Church: _____

Allergies: _____

Special Needs: _____

Medical Conditions: _____

Doctor Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

In case of medical emergency, please contact: _____

In the event of an emergency, I give permission to Lambs of Grace Preschool to treat my child and transport him/her to the nearest or preferred hospital.

Parent Signature

Date

Parent Information

Mother: _____

Address: _____

Phone: _____ Cell: _____

Work Location: _____ Phone: _____

Father: _____

Address: _____

Phone: _____ Cell: _____

Work Location: _____ Phone: _____

Child lives with: _____

Emergency Contacts
(other than the parents or guardians)

#1: Name _____ Phone: _____

#2: Name _____ Phone: _____

My child may be picked up by:

My child may not be picked up by:

If any of the above information changes, I will notify the Lambs of Grace staff immediately.

Parent Signature

Date