

## LITTLE LAMBS

22 South Finley Avenue, Basking Ridge, New Jersey 07920  
908-766-1871 - kim.dial@bjumc.org

Child's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Father

Mother

Home Address \_\_\_\_\_

Street

Town

State

Zip

Home Phone \_\_\_\_\_ Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Employer & Address

Mother's Employer & Address

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Family Physician and Phone Number \_\_\_\_\_

Names and ages of other children in family \_\_\_\_\_

\_\_\_\_\_

Reason for enrolling child \_\_\_\_\_

Does your child have any special concerns/allergies of which the staff should be aware? \_\_\_\_\_

Class Desired \_\_\_\_\_

The required deposit is refundable until June 30, 2020. The registration fee is non-refundable.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### FOR OFFICE USE

Program Enrolled: \_\_\_\_\_

Monthly Tuition: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_