Application For Enrollment

Child's Full Name: _____
First Middle Last

Name Child Is Called: _____ Date Of Birth: _____/_____/_____

Male_____ Female_____ Allergies _____

Note: Children Enrolled in the 3 & 4 YR. Old Class Must Be Potty Trained

Parent(s) / Guardian(s)

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Employer: _____ Employer: _____

Phone Information

Home: _____ Home: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

Email : _____ Email:_____

Fellowship United Methodist Church Regular Attendee? _____

If not, do you have a church home? _____

Please Note: Registration Deposits Are Non-Refundable

For Office use only: Registration fee paid $ _____ Date paid: _____Cash_____

Check_____ Check No. _____

Class Placement:

One's_____ Two's (A) _____ Two's (B) _____

Three's (A)_____ Three's (B) _____ Three's (C) _____

Four's (A) _____ Four's(B) _____ Four's (C)_____ Four's(D)_____

Anne Rowland, Director
Little Lambs Mother's Day Out
2511 Hwy 99
Murfreesboro, TN. 37128
(615) 890-6543