



Precious Lambs, Inc.
Early Childhood & Child Care Center



ENROLLMENT APPLICATION

Welcome to Precious Lambs, Inc. Early Childhood & Child Care Center! We are delighted that you and your child would like to join our program. Please fully Complete this application in order to help us comply with government and insurance regulations, and to enable us to provide the best learning experience for your child. This information is considered confidential and will be shared ONLY as required by law.

Precious Lambs admits student of any race, color, religion, national and ethnic origin to all the rights privileges programs and activities generally accorded or made available to students of this Center. We do not discriminate on the basis of race, color, religious, national or ethnic origin in administration of its educational policies and other center administered programs.

CHILDS INFORMATION

Name _____ Age _____ Date of Birth _____
Gender _____ Male _____ Female _____ Nickname _____
Home Address _____ City _____ Zip _____
Home Telephone _____ Cell: _____ Social Security # _____
Requested Start Date _____

Circle Days & Fill in Hours Requested

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____

MOTHER/GUARDIAN

Name _____ Date of Birth _____
Home Address _____
Home Telephone _____ Cell Phone _____
Social Security # _____ Driver's License # _____
Occupation/Job Title _____
Employer/School Name _____
Employer/School Address _____
Work Phone _____ Fax _____
Email Address _____
Allowed to visit pick up child? _____ Yes _____ No Restrictions _____

630 Broadway Avenue, Holbrook, NY 11741
Tele: 631-319-1667 Fax: 631-319-1669
www.preciouslambschildcare.com

FATHER/GUARDIAN

Name _____ Date of Birth _____

Home Address _____

Home Telephone _____ Cell Phone _____

Social Security # _____ Driver's License # _____

Occupation/Job Title _____

Employer/School Name _____

Employer/School Address _____

Work Phone _____ Fax _____

Email Address _____

Allowed to visit pick up child? Yes No Restrictions _____

GRANDPARENTS INFORMATION

Maternal Grandmother Name _____

Home Address _____

Home Telephone _____ Cell Phone _____

Email Address _____ Drivers License # _____

Employer/School Name _____

Work Phone _____

Maternal Grandfather Name _____

Home Address _____

Home Telephone _____ Cell Phone _____

Email Address _____ Drivers License # _____

Employer/School Name _____

Work Phone _____

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Paternal Grandmother Name _____

Home Address _____

Home Telephone _____ Cell Phone _____

Email Address _____ Drivers License # _____

Employer/School Name _____

Work Phone _____

Paternal Grandfather Name _____

Home Address _____

Home Telephone _____ Cell Phone _____

Email Address _____ Drivers License # _____

Employer/School name _____

Work Phone _____

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EMERGENCY CONTACT/AUTHORIZED TO VISIT OR PICK UP CHILD

1. Name: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____ Driver's License#: _____

Employer/School Name _____ Address: _____

Work Phone: _____

2. Name _____ Relationship _____

Home Address _____ City: _____ State: _____ Zip: _____

Home Telephone _____ Cell Phone _____

Email Address _____ Driver's License# _____

Employer/School Name _____ Address: _____

Work Phone _____

3. Name _____ Relationship _____

Home Address _____ City: _____ State: _____ Zip: _____

Home Telephone _____ Cell Phone _____

Email Address _____ Driver's License# _____

Employer/School Name _____ Address: _____

Work Phone _____

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4. Name _____ Relationship _____

Home Address _____ City: _____ State: _____ Zip: _____

Home Telephone _____ Cell Phone _____

Email Address _____ Driver's License# _____

Employer/School Name _____ Address: _____

Work Phone _____

HEALTH CARE CONTACTS

Physicians Name _____ Phone # _____

Address _____

Dentist Name _____ Phone # _____

Address _____

I authorize these Health Care Practitioners to provide information, Medication orders or guidance to Precious Lambs on behalf of my child, _____ during the time (s)he is enrolled.

Signed _____ Date _____

Print Name(s) _____ Relationship _____

How did you hear about Precious Lambs? (Check all that apply)

_____ Informational Brochure	_____ Mailer	_____ Child Care Council		
_____ Newspaper/TV	_____ Drive by/Sign	_____ Suffolk County DSS		
_____ Internet search/	_____ NYS Office of Children & Family Services			
_____ Employer (company)	_____			
_____ School	_____			
Advertisement	___ Facebook	_____ Twitter	_____ Library	_____ Community Event (_____)
_____ Other	_____			
Referred by	_____			