
Little Lambs Preschool

Mount Calvary Lutheran Church

430 Olive Drive / PO Box 218
Colstrip, Montana 59323-0218

(406) 748-2516

littl lambs@mtcalvary-colstrip.org

2013-2014 REGISTRATION INFORMATION**GENERAL INFORMATION**

Student's full name _____

Name as you would like the child to learn to write it _____

Birth date _____ Current age _____ RIGHT or LEFT handed?

Church membership or religious preference _____

Names and ages of other children in the household _____

Mother's name _____

Street address _____ Mailing address _____

Home phone _____ Cell phone _____

Workplace _____ Work phone _____

Father's name _____

Street address _____ Mailing address _____

Home phone _____ Cell phone _____

Workplace _____ Work phone _____

Parents are: married divorced single widowed separated **NOTIFY IN CASE OF EMERGENCY**

Name _____ Phone(s) _____

Relationship to student _____

PERSONS AUTHORIZED TO PICK STUDENT UP FROM PRESCHOOL

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name _____ Phone(s) _____

MEDICAL INFORMATION

Physician _____ Phone(s) _____

Allergies _____

Medical / special needs _____

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ADDITIONAL INFORMATION

Signature(s) _____ Date _____

MEDICAL RELEASE FORM

To whom it may concern:

Permission is given to any available physician or member of clinic or hospital medical staff to perform emergency treatment and procedures for the below named student as is deemed necessary, and to continue such treatment and procedures until such time as the undersigned shall dismiss them or engage another physician. This permission includes admission to the local clinic or hospital, if necessary.

Student name _____

Signed _____ Relationship _____

Witness _____ Date _____

PERMISSION SLIP

I give my child, named below, permission to go on field trips with the class at Little Lambs Preschool throughout the year. The teachers will inform parents when and where the field trips will be taken. We will walk to our destinations.

Student name _____

Parent / guardian signature _____ Date _____