Little Lamb Program

Enrollment Application Form

CHILD'S INFORMATION

Baby's Name_____ **Date of Application**_____

Date of Birth_____**Gender**_____ **Class Enrollment**_____ **Enrollment Date**_____

Baby's Address_____

SCHEDULE

Please check all that apply. If only doing Lunch Bunch or Early Birds on certain days, please indicate which days.

Days per Week ☐ 2 Day ☐ 3 Day ☐ 4 Day ☐ 5 Day

Program ☐ Half Day 9am-12pm ☐ Full Day 9am-3pm ☐ All Day 7:45 am-5:30pm

PARENT or GUARDIAN INFORMATION

Parent or Guardian	**Parent/Guardian 1**	**Parent/Guardian 2**
Name	_____	_____
Address (if different from child's)	_____	_____
Email Address	_____	_____
Cell Phone	_____	_____
Business Phone	_____	_____
Home Phone	_____	_____
Occupation	_____	_____
Stepparent's Names	_____	_____

ADDITIONAL INFORMATION

Siblings who have attended CDP _____

How did you hear about CDP? _____