



Little Lambs
TODDLER CENTER
A Ministry of Bishop Janes Church

LITTLE LAMBS REGISTRATION FORM

22 S. Finley Avenue, Basking Ridge, NJ 07920

kim.dial@bjumc.org

(908) 766-1871

Child's Full Name: _____ Birth Date: ____/____/____

Parent(s) Name: Father: _____ Mother: _____

Street Address: _____ Town: _____ State: ____ Zip Code: ____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Father's Employer & Address:

Mother's Employer & Address:

Phone: _____

Phone: _____

Email: _____

Email: _____

Family Physician: _____ Phone: _____

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, 2021. The registration fee is non-refundable.

Parent Signature: _____ Date: _____

FOR OFFICE USE

Program Enrolled: _____

Monthly Tuition: _____ Registration Fee: _____

Check Number: _____ Amount: _____