Little Lambs Learning Center
424 Forest Ave.
Glen Ellyn, IL 60137
pdo@geumc.org
630-664-5451

Little Lambs Learning Center
Registration Form

Child's Name: _____

Date of Birth: _____ Gender: ☐M ☐F

Address: _____

Home Phone: _____ Child lives with: ☐Mother ☐Father ☐Both ☐Other: _____

Please provide information below for all those who have legal or financial responsibility for this child.

Mother/Guardian: _____Marital Status:_____

Address (if different):_____

Phone:_____☐home ☐cell ☐work

Phone:_____☐home ☐cell ☐work

Email:_____

Occupation:_____ Employer:_____

Work Address:_____Work Hours:_____

Preferred method of contact: ☐phone ☐email ☐text

Father/Guardian: _____Marital Status:_____

Address (if different):_____

Phone:_____☐home ☐cell ☐work

Phone:_____☐home ☐cell ☐work

Email:_____

Occupation:_____ Employer:_____

Work Address:_____Work Hours:_____

Preferred method of contact: ☐phone ☐email ☐text

Child's Physician:_____ Phone:_____

Office Address:_____

Allergies/ Special Requirements:_____

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Please provide the names of those authorized to pick up this child - **other than parents/guardians**.

Name_____Phone:_____

Address:_____Relationship:_____

Name_____Phone:_____

Address:_____Relationship:_____

Name_____Phone:_____

Address:_____Relationship:_____

Emergency Contacts: Please rank according to whom we should contact first and how to best reach them.

1. Name:_____ Relationship to child:_____
   Phone:_____ Phone:_____
2. Name:_____ Relationship to child:_____
   Phone:_____ Phone:_____
3. Name:_____ Relationship to child:_____
   Phone:_____ Phone:_____
4. Name:_____ Relationship to child:_____
   Phone:_____ Phone:_____

Preferred Schedule: ☐M ☐T ☐W ☐TH ☐F Preferred Start Date: _____

How did you hear about PDO? _____

I affirm that the information provided in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

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Please share a little information about your child:

Medical problems: _____

_____

Physical limitations: _____

_____

Restrictions for play: _____

_____

Food likes: _____

_____

Food dislikes: _____

_____

Fears: _____

_____

Is your child toilet trained? _____

Does your child have special names for objects? (potty, cookies, drinks, etc.) _____

_____

Other information that will help in caring for your child: _____

_____

_____

_____

_____

_____

_____

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY