



HOLY CROSS LUTHERAN CHURCH - ELCA
W156N8131 Pilgrim Road, Menomonee Falls, WI 53051
262-251-2750
www.holycrosslutheran.org

2008-2009 Little Lambs Registration Form

Name: _____

Male Female

DOB: _____

Age at time of registration: 1 Year 2 Year 3 Year

Does your child have allergies? Yes No

Please explain if yes is checked. _____

Does your child have special needs or activity restrictions? Yes No

Please explain if yes is checked. _____

How well does your child get along with other children? _____

How would you describe their social behavior? Shy Friendly Outgoing Cautious

Is your child potty trained? Yes No

Does your child have any fears? Yes No

Please explain if yes is checked. _____

Which service do you usually attend: 9:00 10:30

Parent/Guardian Information:

Holy Cross Members? Yes No

Name(s): _____

Address(es): _____

e-mail address: _____

Phone(s): _____

Permission Form

- I give permission for the above named child to participate in the Holy Cross Little Lambs Program Activities.
- I give permission for photos, videos and/or Power Point presentations of my family members to be used in Holy Cross literature, seminars, classes and/or website.
- I have read the Little Lambs Handbook and understand the policies and procedures.

Signed: _____ Date: _____

Parent/Guardian

Office Use

Date Registered: _____

Handbook Given By: _____

Name Tag: Yes No

Photo ID: Yes No

Assigned Cubby: _____