

OFFICE USE ONLY

H: _____
CK: _____
CLS: _____



**REGISTRATION INFORMATION
(PLEASE PRINT)**

DATE OF APPLICATION: ___ / ___ / ___ DESIRED START DATE: ___ / ___ / ___ SEX (circle one): M F

CHILD'S NAME: _____ DATE OF BIRTH: ___ / ___ / ___

ADDRESS: _____
STREET CITY STATE ZIP

MOTHER'S NAME: _____ FATHER'S NAME _____

ADDRESS: _____ ADDRESS: _____
IF DIFFERENT FROM ABOVE IF DIFFERENT FROM ABOVE

HOME PHONE: _____ HOME PHONE: _____

PLACE OF BUSINESS: _____ PLACE OF BUSINESS: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

PLEASE ENROLL MY CHILD ON THE FOLLOWING DAYS

_____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

I WOULD LIKE MY CHILD TO ATTEND THE FOLLOWING PROGRAM:

_____ MORNING _____ AFTERNOON _____ HALF DAY _____ ALL DAY

_____ PRE SCHOOL _____ KINDERGARTEN _____ BEFORE SCHOOL _____ AFTER SCHOOL

WILL YOUR CHILD BE HAVING LUNCH AT LITTLE LEARNER ACADEMY? (circle one) _____ YES _____ NO

I LEARNED ABOUT LITTLE LEARNER ACADEMY THROUGH: _____

**PERSONS AUTHORIZED TO PICK UP MY CHILD AND/OR BE CONTACTED IN CASE OF EMERGENCY
(OTHER THAN PARENT) THIS INFORMATION MUST BE COMPLETED:**

NAME: _____
RELATIONSHIP TO CHILD: _____
ADDRESS: _____
PHONE: _____

NAME: _____
RELATIONSHIP TO CHILD: _____
ADDRESS: _____
PHONE: _____

CHILD'S PHYSICIAN: _____
ADDRESS: _____

PHONE: _____

PARENT'S SIGNATURE: _____ DATE: ___ / ___ / ___