

Registration Form
//
Date of Application

Preferred Sta	rting Date:/	/ Class	sroom:	
Child's Schedule:	Full-Time: F	ull-Time /Half-Day	(Preschool/Pre-K):	
Part	-Time 2-Days (<i>T/Th</i>):	Part-Time 3-D	Days (M/W/F):	
Child's Name:		Date of Bir	th or Due Date:	//
Parent/Guardian 1 Name: _		(Cell Phone: ()	
Parent/Guardian 2 Name: _			Cell Phone: ()	
Child lives with:	_ Both Parents	Mother _	Father	Guardian(s)
Address:		City:		Zip:
Email Addresses:				
How did hear abo	out our school?			
understand that the supply fee and fault, only will Tuition deposits can Parent Signature:	only be used towards tuition an	d the school must receiv osit towards the tuition a	e a 30 day written notice by t account.	he first of the month in order
	ture:			
	(Office	e Use Only)	Date Receive	ed:/
Classroom Assig	nment:	Confirm	ned Start Date/_	/
Registration	Fee: \$ 1	Date Paid:/	/ Ck#	
Sibling Of A	An Enrolling Child/Siblin	ng Is Already Enroll	led:(No Fee	? Due)
Spot Opening:/	_/ Called On:	:/	Left Message O	n:/
Family Is Taking Spot:	Family Is Not			
Tuition Donos		Taking Spot:	Place Back On V	
1 union Depos	sit: \$ Da			Vaiting List:

Little Stars
LEARNING CENTER