

SCHOOL FOR LITTLE CHILDREN

2012-2013 APPLICATION

Fill out a separate application for each child

Check Currently enrolled or has a sibling enrolled at School for Little Children.

Name of Child _____ Male Female

Address _____ City _____ State _____ Zip _____

Birthdate _____ Email _____

Home Phone _____ Work _____ Church Affiliation _____

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Mother's Day Out

Toddler Class Mon. (9-12)/Tues (9-2) _____
(15-23 mo. as of 9/1/12)

Two Year Old Class *Indicate 1st choice*
(24-30 mo. as of 9/1/12) Mon (9-12) / Tues (9-2) _____
or
Wed. (9-12) / Thurs (9-2) _____

Preschool

Indicate 1st choice

Turning Three Mon/Tue _____ Wed/Thurs/Fri _____
(Turning 3 between 9/2/12 – 1/31/13)

Three Years Old Mon/Tue _____ Wed/Thurs/Fri _____
(3 yrs as of 9/1/12)

Four Years Old Wed/Thurs/Fri _____ Mon-Fri _____
(4 yrs as of 9/1/12)

Signature of parent or guardian _____

Return application with \$150 registration fee (\$50 for each additional child)

Date Received _____ Registration _____ Folder _____ Card _____ Computer _____ Date of Admission _____