



Registration Form 2018-2019

Child's Name _____
 First Name _____ Middle _____ Last _____

Preferred first name _____ Date of Birth _____ Sex: M F

Address _____

Town _____ State/Zip Code _____

Parent/Guardian Information

Check here if mailing information is same as in left column.

Relationship to child _____

Parent's/Guardian's Name _____

Mailing Address _____

Town/State/Zip _____

Physical Address _____

Town/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Name of Employer _____

Work Phone _____

Relationship to child _____

Parent's/Guardian's Name _____

Mailing Address _____

Town/State/Zip _____

Physical Address _____

Town/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Name of Employer _____

Work Phone _____

Siblings

Name	Age	School	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check your choice of schedule and then complete schedule preference on the back.

Full Days, 9:00am-3:00pm	Mornings, 9:00am-12:30pm (9:00am-noon for Sunshine)	Before School, 7:30-9:00am	Kids' Club, 3:00 – 4:30 pm*	Kids' Club, 3:00 -5:30pm*
<input type="checkbox"/> 5 Full Days	<input type="checkbox"/> 5 Mornings	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
<input type="checkbox"/> 4 Full Days	<input type="checkbox"/> 4 Mornings	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> 3 Full Days	<input type="checkbox"/> 3 Mornings	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Thursday (till 4:00pm) <input type="checkbox"/> Friday	<input type="checkbox"/> Friday
<input type="checkbox"/> 2 Full Days	<input type="checkbox"/> 2 Mornings	*Little School closes at 4 PM Thursdays for staff meeting and professional time.		

Please circle the class your child will be enrolled in:

APPLE (must be 4 by 8/31/18) RAINBOW (must be 3 by 8/31/18) SUNSHINE (must be 2 by 8/31/18)

A NON-REFUNDABLE REGISTRATION FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION

Signature of Parent or Guardian _____ Date _____

By signing above, you are giving The Little School consent to provide emergency medical care and transportation for your child.

Weekly Schedule

Please indicate First, Second and Third Choice by numbers. We will do our best to meet everyone's first request based on the order that applications are received.

2 Days Per Week: (please fill in your first, second and third choice of days you

1) _____

2) _____

3) _____

3 Days Per Week:(please fill in your first, second and third choice of days you would like)

1) _____

2) _____

3) _____

4 Days Per Week: :(please fill in your first, second and third choice of days you would like)

1) _____

2) _____

3) _____

5 Days Per Week



就字 The Little School
— Monday-Friday