

SCHOOL FOR LITTLE CHILDREN

2010-2011 APPLICATION

Fill out a separate application for each child

Name of Child _____ Please check Male Female

Address _____ City _____ State ____ Zip _____

Birthdate _____ Email _____

Home Phone _____ Cell _____ Work _____

Name of Parents _____ Church Attended _____

Mother's Day Out

Toddler Class Mon. (9-12)/Tues (9-2) _____
(15-23 mo. as of 9/1/10)

Two Year Old Class Mon (9-12) / Tues (9-2) _____
(24-30 mo. as of 9/1/10)

Wed.(9-12) / Thurs (9-2) _____

Preschool

Indicate 1st and 2nd choice

Turning Three Mon/Tue _____ Wed/Thurs/Fri _____
(Turning 3 between 9/2/10 – 1/31/11)

Three Years Old Mon/Tue _____ Wed/Thurs/Fri _____
(3 yrs as of 9/1/10)

Four Years Old Wed/Thurs/Fri _____ Mon-Fri _____
(4 yrs as of 9/1/10)

Signature of parent's or guardian _____

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

