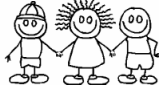


Little Learners Academy



REGISTRATION FORM

Parent's Name(s) _____

Child's Full Name _____

Nickname _____ Sex _____ Age _____

Date of Birth _____ Home Phone _____ Work Phone _____

Address _____

Desired Start Date _____ Half or Full Days M T W T F Lunches yes no

ABOUT YOUR CHILD

This section is to help us know a little more about your child before they start at Little Learners Academy.

1. Does your child have any allergies? _____

2. Give three words that best describe your child? _____

3. What comforts your child? _____

4. What type of discipline do you use at home with your child? _____

5. Does your child have any special needs or circumstances that we should know about? _____

6. What are your child's interests? _____

7. What are your child's dislikes? _____

8. Is there anything special you'd like us to know about your child? _____