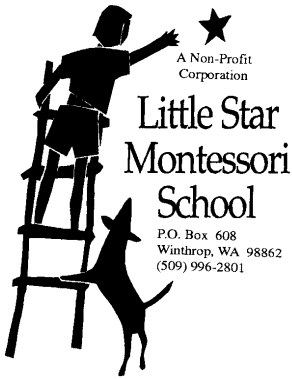


2010-11

Little Star Afternoon Program Enrollment Form



Registration Fee (for those not enrolled in morning): **\$50**

Circle the days you would like to enroll your child:

MON

TUES

WED

THURS

1:00-3:30pm

Child's Name: _____	Sex: _____	D.O.B.: _____	Age: _____
Parent(s) Name(s): _____		Home phone: _____	
Child's primary address: _____		State: _____	Zip: _____

Parent's Name: _____ Address: _____

Business Phone: _____ Home Phone: _____

Parent's Name: _____ Address: _____

Business Phone: _____ Home Phone: _____

Email Address (for internal email announcements only): _____

Marital Status: Single Married Separated Divorced Domestic Partnership

Emergency contact: _____ Phone Number: _____

If child lives with someone other than parents, please explain: _____

Name & Address of Grandparents for mailing list (optional): _____

Name and phone numbers of people permitted to pick up your child from Little Star:

Name: _____	Phone _____	Relationship _____
Name: _____	Phone _____	Relationship _____
Name: _____	Phone _____	Relationship _____

For office use only
Date received: _____
IMM: _____
Reg: _____
Early drop off: _____