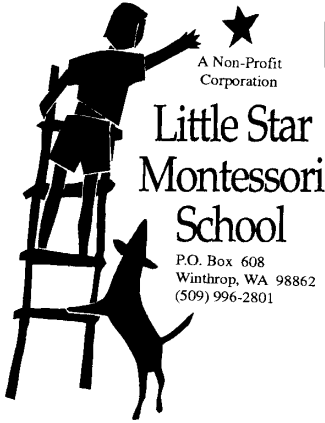


2010-11

Little Star Kindergarten Program Enrollment Form



MON-THURS (required) & FRI (optional)

8:30am-1:00pm

Registration Fee: \$50.00

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 (REQUIRED, 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: _____
