



2010-11 Little Star Toddler Program Enrollment Form

Registration Fee: **\$50.00**

Circle the days you would like to enroll your child:

MON TUES WED THURS FRI

8:30am-12:30pm

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 (**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: _____