

SCHOOL FOR LITTLE CHILDREN

2018-2019 APPLICATION

Fill out a separate application for each child

Name of Child _____ Male Female
 Currently enrolled or has a sibling enrolled at School for Little Children.

Address _____ City _____ State _____ Zip _____

Birth date _____ Email _____

Home Phone _____ Work _____ Church Affiliation _____

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Mother's Day Out

Toddler Class Mon. (9-12)/Tues (9-2) _____
(15-23 mo. as of 9/1/18)

Two Year Old Class *Indicate 1st choice*
(24-30 mo. as of 9/1/18) Mon (9-12) / Tues (9-2) _____
or
Wed. (9-12) / Thurs (9-2) _____

Preschool

Indicate 1st choice

Turning Three Mon/Tue _____ Wed/Thurs/Fri _____
(Turning 3 between 9/2/18 – 1/31/19)

Three Years Old Mon/Tue _____ Wed/Thurs/Fri _____
(3 yrs as of 9/1/18)

Four Years Old Wed/Thurs/Fri _____ Mon through Fri _____
(4 yrs as of 9/1/18)

Signature of parent or guardian _____

Return application with \$200 registration fee (\$50 for each additional child.) Make checks payable to School for Little Children.

Immunization Requirements - All incoming students **MUST** be up to date on their immunizations, as defined by the Texas Health Department and Child Care Licensing. School for Little Children will not accept affidavits or exemptions.

Note: We want to make sure School for Little Children is the best learning environment for your child. If your child has special needs and has completed an educational evaluation or if you have been referred for an evaluation in another school, we would like to know. Please make an appointment to speak to the school director to ensure proper placement.

Date Received _____ Registration _____ Folder _____ Card _____ e-mail _____ Computer _____ Date of Admission _____