

Little Stars Pre-School Program

Student First _____ Middle _____ Last _____

Birthdate _____ Sex: M _____ F _____

* Child must be 3 on or before September 15th.

Parent/Guardian Names _____

Address _____

Email address _____

Home phone # _____ Cell phone # 1 _____

Cell phone # 2 _____ Work # _____

Place(s) of Employment _____

**** 3 yr. preschool meets on Tuesday/Thursday – a.m. class is 8:10 – 11:10
p.m. class is 12:10 – 3:10**

**** 4 yr. preschool meets Mondays – Fridays – a.m. class is 8:10 – 11:10
p.m. class is 12:10 – 3:10**

Transitional KGN – M/W/F – all day (8:10 – 3:10)

Today's Date _____

In which school district do you reside? _____

Which daycare does your child attend? _____

Are there any older siblings in school? _____ If so, please list the

school in which siblings attend. _____

Entry into Little Stars Preschool is based upon factors such as date of Registration, attendance at orientation, tuition payment, program suitability, and daycare considerations.