



Enrollment Application 2021-22

Please complete this form and return it along with the \$150.00 non-refundable and non-transferable registration fee.

Child's Name:			
Birthdate: / /		Sex: M F	
Home Address:			
City		Zip Code:	Home Phone:
Billing Address (If different from home address):			
Mother's Name:		Driver's License:	
Company(required):		Mobile Number(required):	
Occupation:		Work Phone Number(required):	
Work Address:			
Father's Name:		Driver's License:	
Company(required):		Mobile Number(required):	
Occupation:		Work Phone Number(required):	
Work Address:			
Enrolled Program (Please circle one): Full Day Half Day			
Does your child speak English: (Please circle one) Yes no Some			
What other languages are spoken at home?			

Contact Email: _____

I certify that the above information is correct. Further, I will inform Little Stars Academy of any changes of the above information within 24 hours.

Parent/Guardian Signature: _____ Date: _____