LITTLE PEOPLE'S SCHOOL REGISTRATION INFORMATION

Date of Enrollment _____

Class days requested: (please circle) MWF TTH M-F
(Based upon availability)

Child's Name_____ M F Birth Date_____

Parents' Names _____ Home Phone #_____

Address _____ City _____ Zip_____

Father's Occupation _____ Business # _____

Mother's Occupation _____ Business #_____

Phone numbers while child is in school: E-Mail Address _____

1. _____ 2. _____ 3. _____ 4. _____

Designated Contact in case of emergency: _____
(other than parent)
Phone # of Contact: _____

* REQUIRED * Complete Contact Address _____

Persons bringing or picking up the child will be sure that a staff member is aware of the child's arrival and/or departure. Your child will only be released to a parent or person named in writing by the parent.
The following persons are authorized to pick up my child:

NAME	RELATIONSHIP	PHONE
1. _____	_____	_____
2. _____	_____	_____

FIELD TRIPS: I hereby __give ___do not give my consent for my child to participate in Field Trips.
EMERGENCY TRANSPORTATION: I hereby give my consent for my child to be transported to safety in the event of emergency. _____ (Parent initial)

Little People's School is licensed by the Texas Department of Family and Protective Services. A copy of the Minimum Standards for licensing is available in our office.

Little People's School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Little People's School is located in a designated Gang Free Zone.

_____ _____
Parent/Guardian Signature Date