

Little Learners Registration

Semester _____ **Year** _____

Guardian's Name: _____

Guardian's Name: _____

Language / Country of Origin: _____

Phone Number: _____

Photo Permission (check one): Yes No

ESL Class / Teacher's Name: _____

Class Time: (check one):

Afternoon : 11:00 am - 1:00 pm **Monday, Wednesday Yellow**

Tuesday, Thursday Blue

Evening : 5:30 - 7:30 pm

1. Child's Full Name: _____

Child's Date of Birth: _____

Known Allergies: _____

2. Child's Full Name: _____

Child's Date of Birth: _____

Known Allergies: _____

3. Child's Full Name: _____

Child's Date of Birth: _____

Known Allergies: _____

4. Child's Full Name: _____

Child's Date of Birth: _____

Known Allergies: _____

