

CHILD REGISTRATION FORM

This form allows you to register your child/children at Little Stars Early Learning Center, LLC. One week of tuition and a non-refundable \$30 registration fee must be submitted for each child on this form. When this form is approved and the fees have been received, your child (children) will have a guaranteed placement at Little Stars. This information will be kept on file until your account has been paid in full and you no longer have any children registered.

Child Information							
Child Last Name:		Child First Name:	Child Date	Child Date of Birth (mm/dd/yyyy):			
Parent/Payee #1 Information				l			_
Parent/Payee #1 Last Name:	F	First Name:		Middle Na	Middle Name:		
Street Address:			City:		State:	Zip:	
Home Phone:	V	Work phone (Not required if not working):		Mobile Pl	Mobile Phone:		
Email Address (Required if you are a pa	yee):						
Signature:		Da	ate (mm/dd/yyyy):	Your signa understan	ature certifies the	nat you have read and this registration policy	d /.
Parent/Payee #2 Information							
Parent/Payee #2 Last Name:	F	First Name:		Middle Na	ime:		
Street Address:	I		City:	l	State:	Zip:	
Home Phone:	V	Work phone (Not required if not working):			Mobile Phone:		
Email Address (Required if you are a page	yee):						
Signature:		Da	Date (mm/dd/yyyy):		Your signature certifies that you have read and understand the terms of this registration policy.		
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Date Registration Fees	received:]	Name of LSELC	Approver:		╛