

**All information is necessary for your student to be enrolled at Little Flyers.**

**STUDENT INFORMATION \*PLEASE PRINT\***

Today's Date: \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_  
First Middle(full name) Last

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (this will remain confidential) Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRST FAMILY INFORMATION (Name of family student lives with)**

Mr. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
First Last (Father/Stepfather/Guardian)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email address \_\_\_\_\_

Mrs./Ms/Miss \_\_\_\_\_ Relationship to student \_\_\_\_\_  
First Last (Mother/Stepmother/Guardian)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email address \_\_\_\_\_

**CUSTODY QUESTIONS—if applicable**

Is custody of this child joint custody? \_\_\_\_ Yes \_\_\_\_ No Is paperwork on file? \_\_\_\_ Yes \_\_\_\_ No

**SECOND FAMILY INFORMATION—if applicable (Who student does NOT reside with)**

Mr. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
First Last (Father/Stepfather/Guardian)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email address \_\_\_\_\_

Mrs./Ms./Miss \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
First Last (Mother/Stepmother/Guardian)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email address \_\_\_\_\_

**Medical Information**

First Emergency Contact Person _____	Relationship to Student _____	
Cell Phone _____	Home Phone _____	Work Phone _____
Second Emergency Contact Person _____	Relationship to Student _____	
Cell Phone _____	Home Phone _____	Work Phone _____
Physician _____	Address _____	Phone _____
Dentist _____	Address _____	Phone _____
Hospital Preferred _____	Address _____	Phone _____

**Preferred Weekly Schedule**

Desired Start Date: \_\_\_\_\_

Please choose one:

I would like to register my child for the full day program.

**Days of the week I request my child to attend. Number them 1-3 based upon preference.**

<b>5 days</b> (Monday-Friday)	<b>3 days</b> (Monday, Wednesday, Friday)	<b>2 days</b> (Tuesday, Thursday )

I would like to register my child part time (Monday-Friday) AM session only.

I would like to register my child part time (Monday-Friday) PM session only.

I would like to register my child for the extended day AM (7:00-8:15) program

I would like to register my child for the extended day PM (3:15-5:30) program

