

**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 select which days you would like your child to attend:

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

Please select which session you would like your child to attend:

- Full Day - 8:00 am to 3:00 pm.
- AM only - 8:00 am to 11:00 am
- PM only - 12:00 pm to 3:00 pm

Please select if you would like your child to attend aftercare:

- I would like to register my child for the extended day PM (3:00-5:30) program



