

The Little School of Hillsborough
301 College Park
Hillsborough, NC 27278

Application Date _____

Projected Date of Enrollment _____

APPLICATION FOR ENROLLMENT

To be completed and placed in child's file prior to enrollment

Child's name _____

Preferred name _____

Date of Birth _____ Current age _____

Gender: _____ male _____ female

PARENT INFORMATION

Parent's name: _____ Home phone: () _____

Relationship to child: _____

Address: _____

Occupation/Employer: _____ / _____

Day phone: () _____

Cell/pager: () _____

Email: _____

Parent's name: _____ Home phone: () _____

Relationship to child: _____

Address: _____

Occupation/Employer: _____ / _____

Day phone: () _____

Cell/pager: () _____

Email: _____

CHILD INFORMATION

Siblings: Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Previous Group/School Experiences:

Each child in our school brings qualities that contribute to the strength of our community. Please describe your child's unique qualities.

What do you consider your child's challenges? _____

What other information would be important for us to know in order to best meet your child's needs? (favorites, eating and sleeping habits, special fears, talents and interests for example)

Are you interested in full week or part week? _____

Part-time options: _____ Mon/Tues/Wed _____ Thu/Fri

Generally, what hours do you anticipate your child will be in attendance on a daily basis? _____