

Little Eagles Learning Center
Infant Application for Enrollment
2019-2020

(Type or print in ink and complete ALL questions)

Date: _____

Student Information: Name: Last: _____ First: _____ Middle: _____

Date of Birth: --/--/---- Gender: M F

Address: Street or Box: _____

City: _____ State: _____ Zip: _____

Home Phone Number: () _____

Ethnic Origin: Caucasian African American American Indian Asian Hispanic Arabic Semitic Other

Program Desiring to Enter: (Circle One) Infant program

Two Days (Tues. & Thurs.)

Three Days (Mon., Wed., & Fri.)

Five Day

Family/Guardian Information

Please Print

Father: Last Name: _____ First Name: _____ M.I. _____

Employer Name: _____

Home Phone: () _____

Bus. Address: _____

Home Address: _____

Cell Phone or Pager: () _____

Business Phone: () _____

E-mail address: _____

Mother: Last Name: _____ First Name: _____ M.I. _____

Employer Name: _____

Home Phone: () _____

Bus. Address: _____

Home Address: _____

Cell Phone or Pager: _____

Business Phone: () _____

E-mail address _____

Marital Status of Parent(s): Married Widowed Divorced Separated Single

Infant is currently living with: Father & Mother Father Mother Other(*)

(*) If other, please state name and relationship to student, and who has legal custody/guardianship.

Name: _____ Relationship: _____

Who has legal custody or guardianship of student? _____

Infant's Brothers and Sisters:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____