



Little Angels Academy Fall Registration 2024-2025



Child's Name _____ Birthday _____

Address: _____ City/Town _____ State _____ Zip _____

Parent's Name _____ Cell# _____ Work# _____

E-Mail Address _____

Parent's Name _____ Cell# _____ Work# _____

E-Mail Address _____

Allergies/Chronic Health Issues: _____

Child's Schedule:

*Circle days needed below.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Circle care times needed.

Hours: 8:30a-11:30a or Full day: _____ to _____

Registration Fee \$75.00 _____ *Payable at the time of Registration.

*CURRENT STUDENTS \$50.00 _____

First Week\$ _____ Check # _____ Date: _____