

The Little School of Hillsborough  
200 Davis Road,  
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:

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

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What do you consider your child's challenges? \_\_\_\_\_

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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)

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Are you interested in full time or part-time? \_\_\_\_\_

Part-time options: \_\_\_\_\_ Mon/Tues/Wed \_\_\_\_\_ Thu/Fri

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