



Little Pals Daycare Pre-registration Form

Today's Date: _____

Full-time Childcare	Part-Time Preschool	
Child's Name	Birthdate	Gender
Age (years & months)	Requested Start Date	
Parent 1 Name	Parent 2 Name	
Address (street, city, zip)	Address (street, city, zip)	
Email	Email	
Phone	Phone	

How did you find out about our program?

Child's previous school group experiences:

Please list any potential health/behavioral concerns regarding your child: