



# The Little School

## Application for Admission

2216 Metairie Road / Metairie, LA 70001 / (504) 835-9964 / thelittleschool@gmail.com

**Applicant Information:**

Child's Full Name: \_\_\_\_\_

Name Used: \_\_\_\_\_ Gender: Female/ Male

Date of Birth: \_\_\_\_\_  
(Child MUST be 2 years old by August 31st for enrollment year)

Previous School Experience: \_\_\_\_\_

**I would like my child enrolled in:** (check one)

- |   |
|---|
| <input type="checkbox"/> 2 Day a Week Program (8:30-11:45) T/TH<br><b>Available for Two Year Olds Only</b>    |
| <input type="checkbox"/> 3 Day a Week Program (8:30 - 11:45) M/W/F<br><b>Available for Two Year Olds Only</b> |
| <input type="checkbox"/> 5 Day a Week Program (8:30 - 12:00)  |
| <input type="checkbox"/> 5 Day a Week Pre-K Program (8:30-3:00)   |

Extended day is available from 12:00 - 3:00 on a sign up basis.

Religious Affiliation: \_\_\_\_\_

Church Attending: \_\_\_\_\_

How did you hear about The Little School?  
 \_\_\_\_\_

**Application Fee:** \$100 non-refundable  
 (sibling and church member priority registration is due by December 1st.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Date of Application: _____	Reg. Fee _____
Application for Year: _____	Ack Sent: _____
Sibling / Church / Alum / Waitlist / Holdover / Withdrew	

Tour Date: _____
Notes: _____
_____
_____

**Family Information:**

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child lives with: Both Parents / Mother / Father / Other

Names and ages of siblings: \_\_\_\_\_

Schools Siblings Attended: \_\_\_\_\_

**Mother or Guardian:**

Mother's Full Name: \_\_\_\_\_

Address (if different from child's):  
 \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father or Guardian:**

Father's Full Name: \_\_\_\_\_

Address (if different from child's):  
 \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_