



2011 Austin Parkway
 Sugar Land, TX 77479
 (281) 265-5656
 www.littlefisherspreschool.org

2024 - 2025 Registration Form

Student's FIRST NAME: _____

Student's LAST NAME: _____

MALE

FEMALE

Name child will use in school (if different): _____

Date of BIRTH: ____/____/____
 MM/DD/YYYY

Age by September 1, 2024: _____

*** The placement of children in classes is determined by their age as of September 1, 2024.*

PLEASE ENROLL MY CHILD IN: (CHECK APPLICABLE CLASS)

18 MONTHS Younger 2's	2 YEAR OLDS	3 YEAR OLDS	4 YEAR OLDS Pre-K
<input type="radio"/> 3 DAY (T/W/Th)	<input type="radio"/> 5 DAY (M-F)	<input type="radio"/> 5 DAY (M-F)	<input type="radio"/> 5 DAY (M-F)
<input type="radio"/> 2 DAY (T/Th)	<input type="radio"/> 3 DAY (T/W/Th)	<input type="radio"/> 3 DAY (T/W/Th)	<input type="radio"/> 3 DAY (T/W/Th)
	<input type="radio"/> 2 DAY (T/Th)		

Student Information

Any *diagnosed* allergies (food, skin, etc.)? Y/N If yes, please specify: _____

Any diet restrictions (vegetarian, vegan, etc.)? Y/N If yes, please specify: _____

Does your child have any condition which might limit their participation in school activities? Y/N

If yes, please explain: _____

What language is primarily spoken in the home? _____

Religious Preference: _____ Church Home: _____

Parent/Guardian Details

Father's FIRST Name: _____

Mother's FIRST Name: _____

Father's LAST Name: _____

Mother's LAST Name: _____

Address: _____

Address: _____

City: _____ Zip Code: _____

City: _____ Zip Code: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Does your child live with both father and mother? Y/N If not, with whom? _____

Parent's current status: Married Divorced Separated Single Father Deceased Mother Deceased

*** If a court-ordered parenting plan exists, please provide a copy to the school.*

EXCITE, EXPLORE, EDUCATE THROUGH CHRIST AND GROW WITH GOD