

Little Buckeye Learning Center

PRE-ENROLLMENT FORM

Child's Name: _____ Date: _____

Birthday: _____ Male _____ Female _____

How did you hear about us?

Social Media Fliers Website Walk-in Other: _____

Facebook

Instagram

Snap Chat

Address:

Mother's Name: _____

Phone Number (Cell): (____) _____

Phone Number (Work): (____) _____

Email: _____

S.S. Number: _____ - _____ - _____

Father's Name: _____

Phone Number (Cell): (____) _____

Phone Number (Work): (____) _____

Email: _____

S.S. Number: _____ - _____ - _____

Name of Emergency Contact: _____

Phone Number (Cell): (____) _____

I hereby request that my child be admitted as a student at Little Buckeye Learning Center. Should my child be accepted he/she would be attending the full time program during the hours of _____ to _____.