



Little Tanners Application 2016-2017

Child's Name: _____

Child's D.O.B.: _____

Home Address: _____

Parent/Guardian #1: _____

Phone# 1 : _____
(home, work, cell)

Phone# 2 : _____
(home, work, cell)

School: _____

Parent/Guardian #2: _____

Phone# 1 : _____
(home, work, cell)

Phone# 2 : _____
(home, work, cell)

Employer: _____

I am interested in enrolling my child for:

- 5 Days 4 Days* 3 Days* 2 days*

*Please specify days needed: _____

There is no guarantee that individual schedules can be met. If you are interested in part time days and can be flexible please include that information above.

The following questions do not affect your child's placement into the Little Tanners program. They are designed to help us get to know your child's individual needs and to ensure that any necessary paperwork or accommodations are in place prior to your child joining the program.

Does your child have:

Allergies Y N if yes, to what _____ Asthma Y N

Any other medical condition Y N if yes, what _____

Is your child on an IEP: Y N