



# Christian Academy of Little Saints

1520 Witte Rd. Houston, TX 77080

## Enrollment Application Form

### 1. Child Information

Child's Full Name (last, first, middle)	Date of Birth (DOB)	Date enrolled	SSN (if applicable)
Home Street Address		Contact Phone	
Mailing Address (if different)			

### 2. Parents and Guardian Information

Mother's Name	Phone	DOB	Driver's License (TX)
Mother's Address			
Mother's Email	Live with the child? (Yes/ No)	Allowed to Pick Up Child? (Yes/ No)	

Father's Name	Phone	DOB	Driver's License (TX)
Father's Address			
Father's Email	Live with the child? (Yes/ No)	Allowed to Pick Up Child? (Yes/ No)	

Does the child live with other guardian than parents? (Yes/ No)  
If yes, please fill out the below Guardian information.

Guardian's Name (Relationship)	Phone	DOB	Driver's License (TX)
Guardian's Address			
Guardian's Email	Live with the child? (Yes/ No)	Allowed to Pick Up Child? (Yes/ No)	



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### 3. Days and Classes to Enroll - Please check one option.

9:00 AM – 2:30 PM

\_\_\_\_\_ 3 Days (M.W.F) / \_\_\_\_\_ 5 Days (M-F)

### 4. Health Insurance Information

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Policy No./ Group No. \_\_\_\_\_ / \_\_\_\_\_

I, \_\_\_\_\_, am registering my child, \_\_\_\_\_, to attend Christian Academy of Little Saints (CAL S), and will comply with all the school policies and guidelines as described in the Parents' Handbook and on the school website. I also agree to pay timely all the required tuition, security deposit, and other mandatory school fees.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Guardian Signature

For Office Use Only	Assigned Class	Teachers:	<input type="checkbox"/> Registration Fee \$125 (Non-refundable) <input type="checkbox"/> Deposit \$100 <input type="checkbox"/> First month Tuition Payment Method:
Reg. Date	Remarks		
Starting Date			

### Optional Question

- Where did you hear about our school ? \_\_\_\_\_
- What church does your child attend ? \_\_\_\_\_