



Enrollment Registration

Child's Name: _____ DOB: _____

Parent/Guardian Information

Mother's Full Name: _____ Cell #: _____

Father's Full Name: _____ Cell #: _____

Address: _____ City: _____ Zip: _____

Email: _____ Include Contact in Class List: YES NO

Emergency Contacts, Health & Medical Information

Emergency Contact # 1

Emergency Contact # 2

Cell #: _____

Cell #: _____

Adults Authorized For Pickup:

Known Allergies:

Other Health/ Medical Conditions:

Class Entering: MMO 2's 3's Pre-K

Day's Attending: T/TH MWF M-F

Registration fees paid for the 2024/25 school year will hold your spot until Aug 15th 2024

114 Hyannis Dr, Holly Springs, NC 27540
(919) 303-3434
littledreamers@nc.rr.com
www.littledreamershollyspringsnc.com