



## Registration Form

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Enrollment Start Date: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_ Enrollment: Full Time MWF Tu/Th  
(Circle one)

Parent's Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Tell us something about your child: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please email the form to [info@ladybug-academy.com](mailto:info@ladybug-academy.com) or mail it to the desired enrollment location.

**Thank you for choosing Ladybug Academy!**