



Registration Form

Child's Name: _____ Child's DOB: _____

Parent's Name: _____ Desired Start Date: _____

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

Parent's Email Address: _____

Location: _____ Merrifield/ Arlington
(Circle one)

How did you hear about us? _____

Tell us something about your child: _____

Parent's Signature _____ Date: _____

Please email the form to info@ladybug-academy.com or mail it to the desired enrollment location.

Thank you for choosing Ladybug Academy!