



Little Saints Learning Center
St. Mary's Catholic School • Brownsville, Texas

REGISTRATION 2020-2021

Little Saints Learning Center is a Montessori styled learning environment for children at least 18 months - 2 years of age. The center will be housed on the St. Mary's Catholic School campus. The center will be open from 7:30 a.m. until 5:30 p.m. and will follow the St. Mary's School calendar.

Please check which program your child will be attending:

- 7:30 a.m.-12:00 p.m. Half day program
- 7:30 a.m.-3:30 p.m. Full day program
- 3:55 p.m.-5:30 p.m. Extended day - No additional fee

Required Documents for registration:

- Original Birth Certificate • Baptismal Certificate • Immunization Records • State Forms

Please print all information

Student's Name _____ Boy Girl
First Middle Last

Address _____
Street City State

Mailing Address: _____
Street City State

Zip Code _____ Home Phone _____ Religion _____

Date of Birth _____ Place of Birth _____
Month/Day/Year

Citizenship: U.S. Mexico Other Ethnicity _____

Father/Guardian Name _____
First Middle Last

Religion _____

Living Deceased Separated Divorced Remarried

Occupation _____

Education Level _____ St. Mary's School Alumni No Yes Yr _____

Father's Employer _____

Father's Business Phone _____ Father's Cell Phone _____

Email Address _____ City _____

Mother/Guardian Name _____
First Middle Last

Religion _____

Living Deceased Separated Divorced Remarried

Occupation _____

Education Level _____ St. Mary's School Alumni No Yes Yr _____

Mother's Employer _____

Mother's Business Phone _____ Mother's Cell Phone _____

Email Address _____ City _____

Emergency Information

Alternate Emergency Name _____ Phone _____
Family Doctor Name _____ Phone _____
Family Dentist Name _____ Phone _____
Preferred Hospital _____ Phone _____

If you and the physician of your choice as indicated above, cannot be reached in an emergency and, if in the judgment of school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician? Yes No

As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me. Yes No

FOR OFFICE USE ONLY

Date of entry _____ Age _____ I.D.# _____

Address _____

_____ 1/2 Day _____ Full Day

_____ Baptismal Certificate

_____ Original Birth Certificate

_____ Immunization Record

_____ State Forms

Approval _____ Date _____