



Christian Academy of Little Saints

1520 Witte Rd. Houston, TX 77080

2023-2024 Enrollment Application Form

1. Child Information

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

2. Parents and Guardian Information

Mother's Name	Phone	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	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	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 (CALS), 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 <input type="checkbox"/> T- shirt (Summer/Winter) \$50 <input type="checkbox"/> Deposit \$100 <input type="checkbox"/> First month Tuition Payment Method:
Date of Registration	Remarks		

Questions

- Where did you hear about our school ?

- What church does your child attend ?
