



STUDENT APPLICATION FORM

Registration Form

We promise to provide your child with a day full of activities and learning stimulation. Little Texans Child Care Center has employed, trained, and trusted infant teachers will give you confidence as you entrust your child to our care.

DATE OF REGISTRATION

 / /

PARENTS INFORMATION

Full Name :	<input type="text"/>		
Nickname :	<input type="text"/>	Place Of Birth:	<input type="text"/>
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Nationality:	<input type="text"/>
Email :	<input type="text"/>		
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	National Id No:	<input type="text"/>
Marital Status:	<input type="text"/>	Phone:	<input type="text"/>
Country :	<input type="text"/>	Address:	<input type="text"/>
		Zip Code:	<input type="text"/>

CHILD INFORMATION

Full Name :	<input type="text"/>		
Nickname :	<input type="text"/>	Place Of Birth:	<input type="text"/>
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Nationality:	<input type="text"/>
Email :	<input type="text"/>		
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	National Id No:	<input type="text"/>
Marital Status:	<input type="text"/>	Phone:	<input type="text"/>
Country :	<input type="text"/>	Address:	<input type="text"/>
		Zip Code:	<input type="text"/>

A: 2541 S Bypass 35, 77511, Alvin, TX

P: 281-536-9570

E: littletexansalvin@gmail.com

THANK YOU FOR REGISTRATION

We wanted to extend our heartfelt thanks for registering your child with Little Texans. We're thrilled to have them join our learning community.