



**11333 Hardin Valley Road
Knoxville, TN 37932
(865) 253-7261**

Little Hawks Early Learning Center Registration Form

(This form must be **completed and submitted** to secure your child's spot.)

Child's Name: _____

Date of birth: _____ **Gender:** _____

Date of Pre-Enrollment visit: _____ **Days Attending:** M T W R F

Desired Start Date _____ **Private Pay** _____ **Certificate** _____

All Known Allergies: _____

Child's previous hospitalizations: _____

Child's previous significant/recurrent illness: _____

Please list and explain any special needs/requirements for your child:

Parent 1: _____ Home/Cell Phone _____
Address: _____

Place of Employment: _____ Work Hours _____
Parent 1 email: _____

Parent 2: _____ Home/Cell Phone _____
Address: _____

Place of Employment: _____ Work Hours _____
Parent 2 email: _____

Best number to reach you in case of an emergency:

Parent 1: _____ **Parent 2:** _____

If there are custody issues, please explain, and provide papers for child's file: _____

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

*“All your children shall be taught by the Lord and great
shall be their peace.”*