



211 S. Brooks, Gillette, Wyoming

Phone: (307) 363-4391

Email: [littletykesuniversitywy@gmail.com](mailto:littletykesuniversitywy@gmail.com)

[www.littletykesuniversitywy.com](http://www.littletykesuniversitywy.com)

## STUDENT REGISTRATION FORM

Student Name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Year Enrolled: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Class Time – Please circle one

T/W/TH Morning

T/TH Afternoon

M/W Afternoon

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Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Age of Siblings:

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**In Case of an Emergency:** *(This person will assume responsibility for the child in the event of an emergency, if parent(s) or guardian(s) cannot be reached immediately).*

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized Persons to Pick up Your Student:** *(without previous notice)*  
PHOTO ID WILL BE REQUIRED.

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Medical Information:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any frequent illness and/or hospitalizations (i.e: ear infections, strep throat, seizures, etc...):

List any known allergies: \_\_\_\_\_

Is your child currently taking medications?    Yes        No

If yes:

What for? \_\_\_\_\_ Name of medication: \_\_\_\_\_

What for? \_\_\_\_\_ Name of medication: \_\_\_\_\_

Does your child have any chronic physical problems?    Yes        No

If yes, please specify? \_\_\_\_\_

**Authorization of Medical Treatment:**

I, \_\_\_\_\_ hereby give permission to Little Tykes University to obtain medical or surgical care from a health care facility, physicians or dentists for my child, whose full name is \_\_\_\_\_ and date of birth is \_\_\_\_\_ should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by the physicians/dentists may be taken. I further consent to transportation of the above named child to the nearest or most appropriated medical facility.

The medical insurance company that covers the above named child is:

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

I authorize the hospital and attending physicians to submit claims to the above named company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Consents:**

Name of Child: \_\_\_\_\_ Name of Parent(s): \_\_\_\_\_

Initials

\_\_\_\_\_ I give permission for walking trips.

\_\_\_\_\_ I give permission for my child to participate in field trips.

\_\_\_\_\_ I give permission for my child to be photographed and/or video recorded for the facility or special activities within the community. This includes consent for photos or video to be used on social media websites. Names will not be used in the pictures or videos.

\_\_\_\_\_ I relieve Little Tykes University of all legal obligations while my child is in the care of the facility or in a facility sponsored activity.

## Policies and Procedures:

I have read and been given a copy of the policies and procedures for Little Tykes University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Payment Agreement:

I agree to pay tuition and fees in accordance to the Fee Schedule below:

<b>2025-2026 School Year Tuition &amp; Fees</b>	
<i>Non-refundable deposit \$150 due w/ application</i>	<i>Non-refundable deposit \$150 due w/ application</i>
<b>3 days - \$1,575 total cost</b>	<b>2 days - \$1,125 total cost</b>
A minimum payment of <b>\$175</b> must be paid on the 1 <sup>st</sup> day of each month <b>September 2025 – May 2026</b>	A minimum payment of <b>\$125</b> must be paid on the 1 <sup>st</sup> day of each month <b>September 2025 – May 2026</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Getting to Know Your Child:

Other languages spoken at home: \_\_\_\_\_

Special family situations? (I.e. separations, divorce, death, move, etc.)  
\_\_\_\_\_

How does your child express feelings? \_\_\_\_\_

What behavior do you find the most difficult to handle? \_\_\_\_\_

What method of discipline works best with your child? \_\_\_\_\_

Are there “family” rules we should be aware of? \_\_\_\_\_

What are your child’s favorite activities? \_\_\_\_\_

Least favorite? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Are there any behavioral issues we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Anticipated adjustment problems? \_\_\_\_\_

Any disorders/developmental diagnosed or suspected? \_\_\_\_\_

Has your child ever been in preschool? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Any other instructions or information that we should know about your child: \_\_\_\_\_

\_\_\_\_\_