



LITTLE TYKES UNIVERSITY
"Where Higher Education is Finally Affordable"

211 S. Brooks, Gillette, Wyoming

Phone: (208) 680-1481

Email: littletykesuniversitywy@gmail.com

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

Mother's Name: _____

Address: _____ City/State: _____ Zip: _____

Home phone: _____ Cell: _____ Email: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

Father's Name: _____

Address: _____ City/State: _____ Zip: _____

Home phone: _____ Cell: _____ Email: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

Name and Age of Siblings:

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: _____

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:

2026-2027 School Year Tuition & Fees	
<i>Non-refundable deposit \$150 due w/ application</i>	<i>Non-refundable deposit \$150 due w/ application</i>
3 days - \$1,575 total cost	2 days - \$1,125 total cost
A minimum payment of \$175 must be paid on the 1 st day of each month September 2026 – May 2027	A minimum payment of \$125 must be paid on the 1 st day of each month September 2026 – May 2027

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: _____
