Little Angels MDO Preschool

ADDRESS: 1515 W. ADAMS AVE 76504 PHONE: 254-217-5035



EMERGENCY CONTACT

NAME:	RELATIONSHIP TO CHILD
DAYTIME PHONE:	
OTHER PHONE NUMB	BER:
AUTHORIZEI	O PICKUPS
NAME:	RELATIONSHIP TO CHILD
NAME:	RELATIONSHIP TO CHILD
NAME:	RELATIONSHIP TO CHILD
PLEASE CHECK HERE PICK UP CHILD	IF NO ONE OTHER THAN PARENTS ARE ALLOWED TO
ADDITIONAL	COMMENTS AND INFORMATION
OFFICE USE ONLY	' \$
ENROLLMENT DATS:	REGISTRATION FEE PAID
SHOT RECORD RECEI	VED:
PARENT/PROVIDER C	ONTRACT SIGNED:
PARENT DOOR CODE	(IF NEEDED):