

Little Lions Early Learning Academy

Registration Lottery Request Information

***** Lottery Request Forms will only be honored if postmarked by the last date of the request period.*****

Please complete the form below. To assist us in contacting you, please print legibly.

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Address: _____

Phone Number: _____

Student's Name: _____

Student's Date of Birth: _____

If you have more than one child you are wanting to enroll for the lottery drawing for the school year (such as a sibling or multiple), please enter their name(s) below. You will be given one lottery number for multiple children. This DOES NOT apply to cousins, neighbors, etc.- ONLY siblings.

Student's Name: _____

Student's Name: _____

Circle to designate your program preferences. Please, ONLY circle what classes you will be able to attend, as whatever is drawn is the class you will be enrolled in based on preferences listed, no exceptions. See website for programs offered and tuition rates.

First Choice Program: 4-day Morning Class 4-day Afternoon Class

Second Choice Program: 4-day Morning Class 4-day Afternoon Class

FOR LITTLE LIONS USE ONLY

Date Postmarked: _____

Lottery Number Assigned: _____