



Little Vikes Registration Form

Child's Name _____ Birth Date _____ Age ____

Parent/Guardian Name _____

Address _____

Email _____

Phone Number _____

Does your child have any allergies? _____

Do you plan to participate in Preschool Hour? _____

Do you plan to participate in Discovery Backpacks? _____

Do you plan to participate in Family Nights? _____

What resources would you like to have as a parent? _____

What would you like to learn more about during learning opportunities?

*Please return to the G-S Elementary office.