



We Make Kids Shine

Kindergarten Program Application for Admission

Applicant

Full Name of Applicant _____ Nickname _____

Birth date _____ Language of program applying for: _____

Home address: _____

City/State/Zip: _____

Telephone: _____

Primary School: _____

Mother or Female Guardian

First Name: _____ Last Name: _____

Home Address, if different from above: _____

Email: _____

Father or Male Guardian

First Name: _____ Last Name: _____

Home Address, if different from above: _____

Email: _____

School(s) previously attended by applicant, and year attended: _____

Are there any special health or educational needs of which we should be aware? _____

22 Purdy Avenue, Rye, NY 10580

info@languageleague.com

(914) 921-9075

www.languageleague.com

Applicant's prior language experience, if any: _____

Describe your child's reading ability: _____

Describe your child's writing ability: _____

How would you support your child's learning in the second language when he/she is not at the LLL? _____

Please return this form with a \$50 application fee to:
The Little Language League
22 Purdy Avenue
Rye, New York, 10580

The undersigned agree that the information furnished on the Application for Admission together with all information and materials of any kind received by The Little Language League Kindergarten Program shall be considered confidential and shall not be disclosed to anyone, including the candidate and the candidate's family.

Signature of Parents or Guardians:

Mother: _____

Father: _____

The Little Language League is committed to admitting children of any race, color, nationality, ethnic origin and religion.

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