APPLICATION FOR ADMISSION

CHILD INFORMATION

Child's Full Name	Nick Name	Date of Birth

Address: Street, City, State, Zip

Primary Language	Eye Color	Hair Color	Ethnicity	Gender M F

Do relevant custody papers apply?   Yes   No

PROGRAM TO ENROLL

Half Day	Full Day	Long Day

PARENT/GARDIAN INFORMATION

Parent's/Legal Guardian's Full Name	Cell Phone
Home Address (if different)	Home Phone

Employer	Profession	Business Phone

Business Address: Street, City, State, Zip	Email Address

Parent's/Legal Guardian's Full Name	Cell Phone
Home Address (if different)	Home Phone

Employer	Profession	Business Phone

Business Address: Street, City, State, Zip	Email Address

Signature of Parent/Legal Guardian _____   Date _____