



APPLICATION FOR ADMISSION

Child's Legal Name: _____ NICK NAME _____
LAST FIRST MI

DATE OF BIRTH: _____ F: _____ M: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Child lives with: () Mother () Father () Stepfather () other- Relationship _____

A court order must be presented before either parent may restrict the other parent from picking up a child.

Parents: () Married () Separated () Mother Deceased () Father Deceased

Financial Responsibility for the child will be assumed by: _____
Name & Address (if different)

Correspondence regarding this application should be addressed to: _____

Does your child speak English: ___Yes ___ No (Other language: _____)

Father, Stepfather, Male Guardian (Circle One)

Mother, Stepmother, Female Guardian (circle one)

Full Name _____

Full Name _____

Address (if different) _____

Address (if different) _____

Drivers License _____

Drivers License _____

Cell Number _____

Cell Number _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Business Telephone _____

Business Telephone _____

Previous schools/child care experiences: _____

How did you learn about our school? _____

