

APPLICATION FOR ENROLLMENT

[ ] [ ]

Please Type / Print in Black Ink.



550 Deep Valley Drive, #217  
Rolling Hills Estates, CA 90274

CHILD'S PERSONAL INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

SS# \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Birthdate \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Current Age \_\_\_\_ Years | \_\_\_\_ Months

Circle One: Gender F | M Who does child live with? Parents | Mother | Father | Relatives | Guardian

Circle One: Potty Trained Y | N Are there any restraining orders? If so, please attach. Y | N

PARENT'S PERSONAL INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

SS# \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Cell Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Home Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Circle One: Gender F | M Email \_\_\_\_\_ Best Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

PARENT'S PERSONAL INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

SS# \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Cell Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Home Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Circle One: Gender F | M Email \_\_\_\_\_ Best Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT ONE OF THE FOLLOWING.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Physician \_\_\_\_\_ Insur/Group# \_\_\_\_\_ / \_\_\_\_\_ Day Phone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Custodian Signature \_\_\_\_\_ Date \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

OFFICE USE ONLY: Date Reviewed \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ - Enrolled? Y | N - Waitlist Number \_\_\_\_ - Start Date  
\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ - Orientation Date \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Comments: \_\_\_\_\_ Director Initials \_\_\_\_\_