

1041 N. Altadena Drive Pasadena, CA 91107 (626) 791-8020

ENROLLMENT APPLICATION

Child's Name:					
	Last		First	Middl	е
Date of Birth:			Age:	Sex	Κ
Parents' Names:		***			
Home Address:	Father	odv.	Mother	***************************************	on the second se
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Home Telephone:			Cell	Phone:	
Work Address:	-		and the second s		
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Driver's License:		sometimes a superior and the superior an	and the second second	***************************************	
Parents' Signature:	Father			Mother	
Turonts Signature.	Father			Mother	
Date:					
Type of Program:	Full Time (5 Days 8:30 am-2:30 pm) Part Time (5Days 8:30 am-12 Noon) Part Time (3 Days 8:30 am-12 Noon)				
Day Care:		Yes	No		
Entry Date:					