APPLICATION FOR ENROLLMENT 2012/2013

225 Tilton Ave, San Mateo, CA 94401

Child's Name _____
Last **First** **Middle**

Age_____ **Date of Birth**_____ **Sex**_____

Home Address_____

_____
City **State** **Zip Code**

Father's (or Guardian's) _____
Social Security# _____-_____- _____ **Driver's License**_____
Business or Profession _____
Business address _____
Day Time Phone _____**Night Time Phone** _____

Mother's Name _____
Social Security _____- _____-_____ **Driver's License** _____
Employed?_____ **No. of hours/wk** _____
If Employed, Where? _____
Day Time Phone _____ **Night Time Phone#** _____

Child lives with both parents □ **With Father □** **With Mother □** **With Guardian □**

Doctor _____**Phone #** _____

Address_____

In case of emergency, if parents cannot be reached, notify (list 2)

_____ **Phone #** _____

_____ **Phone #** _____

Other preschool experiences:
Physical weakness, allergies _____
Emotional problems _____

Other Members of the family

Brothers	**Ages**	**Sisters**	**Ages**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form promptly with a $50.00 (non-refundable) registration fee. Tuition is due on the first day of each month.