



Learning Stars Infant Care & Preschool, Inc.

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APPLICATION for ENROLLMENT

Child's Name _____ **Nickname** _____

Last **First** **Middle Initial**

Sex: M _____ F _____ **Birth date** _____

Address where student resides _____

Street **City** **Zip Code**

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Child resides with: Both Parents _____ Mother Only _____ Father Only _____

Mother & Stepfather _____ Father & Stepmother _____ Other _____

Person responsible for child's tuition: Mother _____ Father _____ Both _____ Other _____

PARENTS LIVING WITH STUDENT

Father's Name _____ **Relation to Student:** Father _____ Stepfather _____ Guardian _____

Driver's License number _____ **Social Security Number** _____

Occupation _____ **Father's email:**-----

Place of business _____ **Company Name** _____

Full Address _____

Business Phone _____ **Cell Phone** _____

Mother's Name _____ **Relation to Student:** Mother _____ StepMother _____ Guardian _____

Driver's License number _____ **Social Security Number** _____

Occupation _____ **Mother's email:**-----

Place of business _____ **Company Name** _____

Full Address _____

Business Phone _____ **Cell Phone** _____

Names and ages of siblings:

Name _____ **Birth date** _____ **Living at home** _____

Name _____ **Birth date** _____ **Living at home** _____

PARENT NOT LIVING WITH STUDENT

Name _____
Last First Middle Initial

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____

List any Legal restrictions _____

School last attended, if any _____

Does your child have any physical limitations, developmental limitations or allergies? Please explain.

Does your child have any special needs? Describe briefly: _____

Are any languages other than English spoken in the home? _____ Please list: _____

Are there any activities in which your child should not participate? _____

How did you hear about our school? _____

It is parents understanding that all enrollment fees are non-refundable. With this application, I submit:

_____ The Enrollment Fee of \$ 150.00 _____

_____ The individualized emergency preparedness kit of \$20:00-----

Signature of Parent, Guardian or Responsible Party _____ Date _____

As an enrolled student, your child's name and/or photograph may be included in publicity or advertising materials at some time during the school year. Your signature below signifies your consent to this.

_____ Signature of Parent, Guardian or Responsible Party

FOR OFFICE USE ONLY			
FULL TIME _____	PART TIME _____	CLASSROOM _____	
Age in September: Years _____	Months _____		
Total Enrollment Fee Paid _____	Balance of Enrollment Fee Due _____		
Check number _____	Receipt number _____	Date Paid _____	Start Date _____