

Child's World School Woodland Hills Admission Form

Date of Application: \_\_\_\_\_

Where did you hear about Child's World School? \_\_\_\_\_

When do you want you child to start? \_\_\_\_\_

**Student's Information**

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Previous School \_\_\_\_\_ Telephone \_\_\_\_\_ Dates Attended \_\_\_\_\_

Sibling 1: Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling 2: Name \_\_\_\_\_ Age \_\_\_\_\_

**Parent/Legal Guardian 1**

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address (If different than child's) \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Are you self-employed? \_\_\_ Yes \_\_\_ No

Business Name/Address \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_ @ \_\_\_\_\_

**Parent/Legal Guardian 2**

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address (If different than child's) \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Are you self-employed? \_\_\_ Yes \_\_\_ No

Business Name/Address \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_ @ \_\_\_\_\_

**Medical Information**

Medical Insurance Company \_\_\_\_\_ Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

*Registration Fee is due with Admission Form and is non-refundable.*

Signature of Parent 1 or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent 2 or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT TEAR**

To be completed by school office:

Registration Fee: Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Paid by: \_\_\_ Check # \_\_\_\_\_ \_\_\_ Cash

Security Deposit: Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Paid by: \_\_\_ Check # \_\_\_\_\_ \_\_\_ Cash

NOTES:

Is the child enrolled in ACH? Yes No

Attendance Schedule \_\_\_\_\_

Child's Start Date \_\_\_\_\_ Classroom \_\_\_\_\_

Notes: