The *ginning Zone Preschool & After School Program*

13709 s Wilkie Ave, Gardena Ca 90249.

(310)347-1318

OFFICE ONLY:

Enrollment Date _____

Date Paid _____

Amount Paid $_____ #_____

Reg Fee $ _____ Act Fee _____

Dis Fee $_____ T-shirt _____

Enrollment Form

MWF _____ **TTh**_____

STUDENT INFORMATION

Last	First	Phone
Birthdate / /	Age in Sept yrs. mos	Sex: M [ ] F [ ]
Address :	City/Zip	
Church Affiliation :N/A		

FAMILY INFORMATION

Mother's Name :	Home Phone:
Mother living in home with child ? Yes [ ] No [ ]	Cell Phone:
Home Address:	
Occupation : Hours to	Work Phone :
Employer :	City :

Father's Name :	Home Phone :
Father living in home with child ? Yes [ ] No [ ]	Cell Phone:
Home Address :	
Occupation :	Work Phone :

Employer :	City :

PERSONS AUTHORIZED TO PICK UP FROM SCHOOL (Other than Parent)

Name	Phone	Relationship	Name	Phone	Relationship
1.			5.		
2.			6.		
3.			7.		
4.			8.		

The following person(s) ae NOT allowed to pick up child from school

1.			2.		

_____ _____ _____ _____

Parent's/ Guardian's Signature **Date** **Director's Signature** **Date**