5616 Rainbow Crest Drive
Agoura Hills CA 91301
310.494.1027
wildfloweratelier@gmail.com

Application for Admission

Child's Name: _____ Sex: M/F
First Middle Last

Date of Birth: _____ Address: _____

Parent's Name: _____
Address: _____
Occupation: _____
Phone: _____
E-mail: _____

Parent's Name: _____
Address: _____
Occupation: _____
Phone: _____
E-mail: _____

Names and ages of siblings (if any): _____

What year are you applying for as a start date? _____

How many days are you interested in? (please circle one)

2 days (Tuesday/Thursday)
3 days (Monday/Wednesday/Friday)
4 days (Tuesday-Friday)
5 days (Monday-Friday)

How did you hear about Wildflower Atelier? _____

_____

Parent/Guardian Signature Date

A NON-REFUNDABLE FEE OF $50 **MUST** ACCOMPANY THIS APPLICATION
PLEASE MAKE CHECKS PAYABLE TO WILDFLOWER ATELIER LLC

Licensing # 197419477