

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	u applying for as a	start date?			
How many days a	are you interested i	n? (please circle one and specify days)	2 days 3 days 4 days 5 days	Days of Week	
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