

For Office Use Only:

Parent Updates

Date of Registration

(Initial) (Date)



Date of Termination Status

Parent Updates

(Initial) (Date)

302 W Foothill Blvd. Monrovia, CA 91016 (818) 300- 4515

Please fill in application completely and legibly

Were you referred to My Academy Preschool? Y N If Yes, please list the information of the referral

Name of referral _____

Child's Name

(Last Name) (First Name) (Initial)

Child's Address

City State Zip Phone #

Date of Birth Gender Childs Social Security #

Circle days to attend AM Mon Tues Wed Thurs Fri Arrival Time Departure Time

PM Mon Tues Wed Thurs Fri Arrival Time Departure Time

Meals to attend Breakfast AM Snack Lunch PM Snack

Enrolling Parent/ Guardian Name

(Last Name) (First Name)

Relationship to Child Drivers License # Social Security #

Address City/State/Zip

E-mail Address Home Phone # Cell Phone #

Employer _____ **Work Phone #** _____ **Extension #** _____

Address _____ **City/ State/ Zip** _____ **Work Hours** _____

Parent/ Guardian Name _____

(Last Name) (First Name)

Relationship to Child _____ **Drivers License #** _____ **Social Security #** _____

Address _____ **City/State/Zip** _____

E-mail Address _____ **Home Phone #** _____ **Cell Phone #** _____

Employer _____ **Work Phone #** _____ **Extension #** _____

Address _____ **City/ State/ Zip** _____ **Work Hours** _____

Parents Marital Status Married Divorced Single **Primary Residence** Both Mother Father **Guardian** _____

If divorced who has legal custody? _____

May the non-custodial parent pick up the child? Yes _____ No _____
My Academy Preschool must be provided with court issued custody papers that clearly describe the custody arrangements. Any persons granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Enrolling Parent/Guardian Signature _____ **Date** _____

Others to be contacted within the immediate area if parents or guardian cannot be contacted in case of emergency:

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Childs Physician _____ **Address** _____ **Phone** _____

Director Initials _____ **Date** _____

Child's Name

Parent/Guardian Signature