

Saint Bernardine of Siena Children's Center
24425 Calvert Street
Woodland Hills, CA 91367
(818) 716-4730 / Fax (818) 716-4753

OFFICE USE ONLY	
PAPERWORK _____	DATE RECEIVED _____
HANDBOOK _____	REGISTRATION FEE _____
STUDENT DIRECTORY _____	CONFIRMATION LETTER SENT _____
	DAYS _____
	FROM _____ TO _____

STUDENT ENROLLMENT APPLICATION (2026-2027)

CHILD'S DATE OF BIRTH _____

STUDENT NAME _____ GENDER BOY/GIRL
(LAST NAME) (FIRST NAME) (M)

HOME ADDRESS _____
(STREET NUMBER & NAME) (CITY) (ZIP CODE)

HOME TELEPHONE _____ CLASS APPLYING FOR _____
(AREA CODE) (NUMBER)

SCHOOL PREVIOUSLY ATTENDED _____
(NAME) (CITY)

FATHER'S NAME _____ BUSINESS PHONE # _____
CELL PHONE # _____

PLACE OF EMPLOYMENT _____

MOTHER'S NAME _____ BUSINESS PHONE # _____
CELL PHONE # _____

PLACE OF EMPLOYMENT _____

DRIVER'S LICENSE #: _____
(FATHER) (MOTHER)

SOCIAL SECURITY #: _____
(FATHER) (MOTHER)

MEDICAL INSURANCE CO. _____ POLICY #: _____

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES NO DATE OF LAST DTP: _____

LIST ANY ALLERGIES TO FOOD/MEDICATIONS _____

SIBLINGS: _____
(NAMES AND AGES)

NUMBER OF DAYS PER WEEK FOR ENROLLMENT: Below, please indicate in the appropriate space the amount of days per week you are enrolling for and the program time you are requesting:

SUMMER (Check One) _____ First Session (6/8-7/2/26) _____ Second Session (7/6-7/31/26) _____ Both Sessions (6/8-7/31/26)

A. _____ FULL TIME _____ PART TIME _____ FLEX TIME (8:00AM- 3:00 PM)
(CHECK ONE BELOW)
[_____ 8:15 AM-11:15 AM _____ 12:00 PM-3:00 PM]

B. _____ 2 DAYS _____ 3 DAYS _____ 5 DAYS
(T & Th) (M-W-F) (M-F)

FALL _____

A. _____ FULL TIME _____ PART TIME _____ FLEX TIME (8:00AM- 3:00 PM)
(CHECK ONE BELOW)
[_____ 8:15 AM-11:15 AM _____ 12:00 PM-3:00 PM]

B. _____ 2 DAYS _____ 3 DAYS _____ 5 DAYS
(T & Th) (M-W-F) (M-F)

Part time children may arrive no earlier than 15 minutes prior to the start of their class time. Any student arriving before this time will be charged day care at the present rate of \$15.00/hour. Extended day care program (EDP) is available for the fee of \$15.00 per hour.

How did you hear about St. Bernardine of Siena Children's Center? _____

Please let us know where your family attends church _____

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

Family Email Address(es): _____

2026-2027 Application