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 (2018-2019)

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 (6/11/18-7/6/18) ______ Second Session (7/9/18-8/3/18) _____ Both Sessions (6/11/18-8/3/18)

A. _______FULL TIME _______PART TIME (CHECK ONE BELOW) _______FLEX TIME (8:00AM- 3:00 PM)

[_______8:15 AM-11:15 AM _______12:00 PM-3:00 PM }

B. _______2 DAYS (T & Th) _______3 DAYS (M-W-F) _______5 DAYS (M-F)

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FALL (School year 2018-19)

A. ________FULL TIME ________PART TIME (CHECK ONE BELOW) ________FLEX TIME (8:00AM- 3:00 PM)

[________8:15 AM-11:15 AM ________12:00 PM-3:00 PM]

B. ________2 DAYS (T & Th) ________3 DAYS (M-W-F) ________5 DAYS (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 $7.00/hour. Extended day care program (EDP) is available for the fee of $7.00 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): ________________________________