

**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 (2019-2020)**

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 \_\_\_\_\_ Second Session \_\_\_\_\_ Both Sessions \_\_\_\_\_  
(6/10/19-7/5/19) (7/8/19-8/2/19) (6/10/19-8/2/19)

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)

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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 \$8.00/hour. Extended day care program (EDP) is available for the fee of \$8.00 per hour.

How did you hear about St. Bernadine of Siena Children's Center? \_\_\_\_\_

Please let us know where your family attends church \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)

Family Email Address(es): \_\_\_\_\_