enrollment application

BAMBINI**CREATIVI**

Enrollment Application

Child's Full Name:				
Child's Classroom: Piccolo (2.5-3yrs)	Medio (3-4	lyrs) Grande (4-	5yrs) Grandissimi (K-	3rd Grade)
Program Schedule: 2 3 5 (HALF o	or FULL) P	Please circle se	lection. Grandissimi	5 Full days only.
Child's Start Date:/	/			
Child's Home Address:				
City:		_ State:	Ziŗ	D:
Telephone:	_ DOB:_	//	Birthplace:	
Citizenship:		ls you	ır child bilingual?	yes no
If so, what language(s)?				
Male Female				
Present School Information				
Present School:				
School Address:				
		A	ttach Chil	d's
School Telephone:			Photo Hei	re
Notes:			i iloto ilo	
Applicant's Mother/ Legal Guard	lian	Applicant's	Father/ Legal G	uardian
Name:		Name:		
Home Phone:		Home Phone:		
Cell Phone:		Cell Phone:		
Home Address:		Home Address: (mark same if same)		
Employer:		Employer:		
Occupation/Position:		Occupation/Position:		
Work Phone:				
Work Address:			ess:	
Email:				