

Application for Enrollment

Thanks for your interest in Angela's Children Center. Since we get a lot of signups each month, this application will help us prioritize your needs and our availability once we have an opening in our program.



Child's First Name: _____ Child's Last Name: _____

Nick Names: _____ Birthday: _____ Gender: M F

Home Phone: _____ Address: _____

City: _____ Zip: _____

1st Parent Name: _____ Email: _____

Employer: _____ Work Number: _____

Employer's City: _____ Cell Phone: _____

Occupation: _____ Driver's License/ID #: _____

Would you be interested in facilitating parent meetings? Yes No

What contact information be shared with other parents? Email Work # Cell # Home #

2nd Parent Name: _____ Email: _____

Employer: _____ Work Number: _____

Employer's City: _____ Cell Phone: _____

Occupation: _____ Driver's License/ID #: _____

Would you be interested in facilitating parent meetings? Yes No

What contact information be shared with other parents? Email Work # Cell # Home #

Has your child been in a child care program or playgroups before? Yes No

If yes, which one? _____ Duration: _____

Does your child have any special needs we need to accomodate? Yes No

More Info: _____

What languages are spoken at home to your child? _____

Is there a preference for what language your child hears? (circle one below)

English Mandarin

How did you hear about us? (circle options below)

BA Parents Group Yelp UCSF Web Search Yellow Pages Sibling

Name of person who referred you: _____

Requested Start Date: _____ Flexibility with month? Yes No

Schedule Preference:

___ Daily Full Time (7:30a - 5:30p) / Mon - Fri

___ Part time (Not typically offered and available only if a space is available)

Circle Days: M T W R F

Would you be interested in parental involvement with the school? Yes No

What type of services? (fundraising, event planning, parent meetings, etc)

Anything else you would like to share with us about your child's abilities/schedule that we can work on together? _____

In case parents cannot be reached, please provide alternate contacts:

1) Full Name: _____ Relationship to Child: _____

Address: _____ Phone #: _____

2) Full Name: _____ Relationship to Child: _____

Address: _____ Phone #: _____

3) Full Name: _____ Relationship to Child: _____

Address: _____ Phone #: _____

I have completed this application to the best of my knowledge and I understand that Angela's Children Center will review the application and contact me if there is an opening that fits my needs. A non-refundable application fee of \$40 (cash or check payable to Angela's Children Center) is required with the application and will take precedence over the general waiting list. If/when your child starts at our center, this fee will also cover the cost of a personalized school bag for your child.

Parent Signature

Date

Office Use Only	Classroom: Infant	Toddler 1	Toddler 2	___ App Fee
	1st Appt: _____	Music Program: Yes	No	___ Order Bag
	2nd Appt: _____	Start Date:	Deposit:	___ Initial Forms