



Please attach recent photo here. Though the photo will not influence our decision, it will help us remember each applicant.

APPLICATION FOR THE EARLY CHILDHOOD PROGRAM

All information is confidential. Please return the completed application and the \$75 application fee to the Admission Office. The application fee for an additional child is \$50.

DATE _____

■ STUDENT

Home Phone () _____ Language Spoken at Home _____

Name _____
first middle last nickname

Home Address _____
street city state zip

Male Female Birth Date ____/____/____ Age ____ Ethnic Origin (optional) _____

Applying for **Pequeños** (three- and young four-year olds) or **Grandes** (four- and young five-year olds) _____
School year _____

■ PARENT

Name _____
first middle last

Home Address _____
street city state zip

Home Phone () _____ Business Phone () _____

Name of Employer _____ Occupation/Position _____

Email address _____

■ PARENT

Name _____
first middle last

Home Address _____
street city state zip

Home Phone () _____ Business Phone () _____

Name of Employer _____ Occupation/Position _____

Email address _____