

Preschool For ages 2-6 39608 Sundale Dr. Fremont, CA94538 510-516-7608

Office Use Only:
Reg.Fees:
M. fee:
Tuition:
Note:

Application for Admission

Name of Child:	Chinese Name				
	First	Middle	Last		
Boy or Girl	Date of Birth:	//	hor	me phone: ()	
Home Street Ac	dress:				
Student Resides Both Parents Mother/Step Relative	s Mother o	her/Stepmo	her Le		·
Mother/Guardia	an1 Name:			_ daytime phor	ne
Employer:			Email		
Father/Guardia	n2 Name:			_ daytime phon	e
Employer:			Email		
What are you lo	ooking for at Do	aniel Christic	n Acader	ny for your child	ś
What is your chi	ld's last schoo	l attended, o	and any e	xperiences awa	y from your home:
List any special	needs, food a	llergies or res	strictions, ir	nterests or talent	s of your child:
What is your chi	ld's home lanç	guage? How	much do	es he or she spe	ak English or Chinese
Mother's Name	– Print	Signa	ture		Date
Father's Name -	 - Print	Siana	ure		 Date