

Start Date _____

Hours of Attendance

Nap? *Yes or No*

Notes:



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

Office Use Only:

Reg. Fees:

Material Fee:

Deposit:

Note:

Application for Admission

Name of Child: _____ **Chinese Name** _____
First Middle Last

Boy or Girl Date of Birth: ___/___/___ home phone: () _____

Home Street Address: _____

Student Resides With:

___ Both Parents ___ Mother only ___ Father only ___ Alternate between parents
___ Mother/Stepfather ___ Father/Stepmother ___ Legal Guardian
___ Relative ___ other, please explain _____

Mother/Guardian1 Name: _____ daytime phone _____

Employer: _____ Email _____

Father/Guardian2 Name: _____ daytime phone _____

Employer: _____ Email _____

What are you looking for at Daniel Christian Academy for your child?

What is your child's last school attended, and any experiences away from your home:

List any special needs, food allergies or restrictions, interests or talents of your child:

What is your child's home language? How much does he or she speak English or Chinese?

Mother's Name – Print

Signature

Date

Father's Name – Print

Signature

Date