



WEST HOLLYWOOD CHILDREN'S ACADEMY

Application for Admission

Today's Date _____ Desired Starting Date _____

CHILD INFORMATION

First Name: _____ Last Name: _____

Street: _____

City: State: ZIP: _____

Birth date: _____ Check one: ___ Male ___ Female

Lives with: ___ Both parents ___ Mother ___ Father ___ Other _____

Any allergies that child has: _____

PARENT/GUARDIAN INFORMATION

Child's Mother _____ Occupation _____

(or Guardian 1)

Home Tel: _____ Cell Tel: _____ Work Tel: _____

Home Address: _____

Employer: _____

Work Address: _____

E-mail _____

Child's Father _____ Occupation _____

(or Guardian 2)

Home Tel: _____ Cell Tel: _____ Work Tel: _____

Home Address: _____

Employer: _____

Work Address: _____

E-mail _____

Parent(s)/Guardian(s) are: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed

___ Grandparent(s) ___ Legal Guardians ___ Other (please explain): _____



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Please share with us your goals for your child.

How do you see your child's social and emotional interactions?

Please share with us any medical history that would help us to better understand your child.

How did you learn about West Hollywood Children's Academy?

Additional comments or observations you feel we should know to help us understand your child better:

Name of Parent/Guardian completing this form _____

Date: ___ / ___ / ___