Starlight
Christian Preschool

750 - 26th Avenue
San Francisco, CA 94121
(415) 221-8005

STUDENT ENROLLMENT APPLICATION

CHILD'S NAME:_____ AGE:_____SEX:_____
Last First Middle

BIRTHDATE:_____ PLACE OF BIRTH:_____

ADDRESS:_____ HOME PHONE:_____

_____
City State Zip

MOTHER'S NAME:_____ CELL PHONE:_____

EMAIL ADDRESS:_____

EMPLOYER:_____ OCCUPATION/TITLE:_____

BUSINESS ADDRESS:_____ BUS. PHONE:_____

_____
City State Zip

FATHER'S NAME:_____ CELL PHONE:_____

EMAIL ADDRESS:_____

EMPLOYER:_____ OCCUPATION/TITLE:_____

BUSINESS ADDRESS:_____ BUS. PHONE:_____

_____
City State Zip

EDUCATION LEVEL: FATHER -_____ MOTHER -_____

NAME(S) AND AGE(S) OF OTHER CHILDREN IN THE FAMILY:_____

_____

MOTHER'S SIGNATURE:_____ DATE:_____

FATHER'S SIGNATURE:_____ DATE:_____

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FOR OFFICE USE:_____

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