StarLight2
Christian Preschool

3155 Vicente St.
San Francisco, CA 94116
(415) 564-8313

STUDENT ENROLLMENT APPLICATION

Application Fee: $50.00

CHILD'S NAME: _____ AGE: ____ SEX: ____
Last First Middle

BIRTHDATE: _____ PLACE OF BIRTH: _____

ADDRESS: _____ HOME PHONE: _____

_____
City State Zip

MOTHER'S NAME: _____ OCCUPATION/TITLE: _____

EMPLOYER:_____ BUS. PHONE: _____

E-MAIL: _____

BUSINESS ADDRESS: _____

_____
City State Zip

FATHER'S NAME: _____ OCCUPATION/TITLE: _____

EMPLOYER:_____ BUS. PHONE: _____

E-MAIL: _____

BUSINESS ADDRESS: _____

_____
City State Zip

EDUCATION LEVEL: FATHER - _____ MOTHER - _____

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

_____

MOTHER'S SIGNATURE: _____ DATE: _____

FATHER'S SIGNATURE: _____ DATE: _____

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FOR OFFICE USE: _____