



**LITTLE AMBASSADORS' ACADEMY
APPLICATION FORM**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Enrollment (Full Time (5 Days), Part Time (3 Days) or Part Time (2 Days))			Desired Year of Enrollment
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			

PARENT(S)/GUARDIAN(S)

Parent / Guardian's Name	Place Employed	Business Phone
Home Address		Home Phone
E-mail		Cell Phone
Parent / Guardian's Name	Place Employed	Business Phone
Home Address		Home Phone
E-mail		Cell Phone
Person (s) or Agency Having Legal Custody of Child		Business Phone
Home/Business Address		Home Phone

How Did You Hear About Us?

I understand that in order to be considered as an applicant, I must submit the \$65 application fee with this application.	
_____	_____
Parent/Guardian Signature	Date