## **ADMISSION AGREEMENT**

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Date of application			
Child's Name		Nickname	
Male/Female	Date of Birth	Age	
CHILD'S RESIDENCE:			
Mailing Address			
City		State	Zip
Mother's Name		Cell	
Occupation		Business Phone	
Email Address			
Father's Name		Cell	
Occupation		Business Phone	
Email Address			
Physician to be called in	case of emergency (Preferably l	ocal)	
Name		Phone	
Names of persons autho authorization from parer		ol. (The child will not be released	to any other person without written
Name		Phone	
Name		Phone	
Name		Phone	

I have read the general procedures and policies as set forth in the Parent Handbook and will abide by them. Also, I understand that if I or the staff feels that the needs of my child are not being met by the school's program, this agreement may be terminated.

I HAVE RECEIVED THE PARENT RIGHTS AND PERSONAL RIGHTS AS REQUIRED BY THE STATE OF CALIFORNIA.



Signature Date

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