

# Chibi Chan Preschool Enrollment Application

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parents' Names: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mother's Daytime Phone Number: \_\_\_\_\_ Father's Daytime Phone Number: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Does child live with both parents? \_\_\_\_\_

Emergency contact persons, relationship to child, and phone number:

Name	Relation	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Person other than parents and those listed above who are authorized to pick up child from school:

1. \_\_\_\_\_
2. \_\_\_\_\_

Any allergies child may have:

\_\_\_\_\_

Physician's Name and Number:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return this form along with your deposit and the signed "Admission Procedures and Waiting List Policies" form.

Please mail the form to: Shana Kanzaki, Program Director, 2507 Pine Street, SF CA 94115 or fax to: (415) 351-0950.