

DEVONSHIRE PRESCHOOL AND INFANT CENTER

Application for Admission

Date of Application: _____

If applying for Kindergarten, child will attend: Half Day Full Day

Applicant: _____
Last Name First Name Middle Name Preferred Name

Date of Birth: _____ Male Female

Language Spoken at Home: _____



Applicant's Relatives and Referrals

Name(s) of applicant's sibling(s)	Date of Birth	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and relationship of relatives who have attended Devonshire Preschool:

Year(s) attended

Year(s) attended

Name of person who referred you to Devonshire Preschool, if applicable:

Tell me about your child...

Parental Information

Father's Name

Mother's Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Social Security #

Social Security #

Cell Phone / Home Phone

Cell Phone / Home Phone

E-mail Address

E-mail Address

Please check any that apply:

Student lives with both parent

Parents separate

Father remarried

Student lives with mother

Parents divorced

Mother deceased

Student lives with father

Single parent

Father deceased

Student lives with guardian

Mother remarried

Correspondence should be sent to:

Father

Mother

Both

Guardian

Parent Occupational Information

Father's Occupation

Mother's Occupation

Father's Employer

Mother's Employer

Father's Position

Mother's Position

Father's Business Telephone

Mother's Business Telephone

Name of person financially responsible: _____

Address to be used for billing (if different): _____

An application fee of \$145.00 must accompany this application.

Parent / Guardian Signature

Date

Please send this signed application and the \$145.00 application fee to:

Devonshire Preschool and Infant Center
Office of Admissions
21203 Devonshire Street, Chatsworth,
CA 91311