APPLICATION



CHILD INFOR	RMATION		
Child's First Name	Child's Last	: Name	Enrollment Date
Gender F	Date of Birth / Due Date:		
Program Needs			
Full-Time	School Age Care	Summer Camp	
Child's First Name	Child's Last	: Name	Enrollment Date
Gender M F Program Needs	Date of Birth / Due Date:		
Full-Time	School Age Care	Summer Camp	
GUARDIAN(S) INFORMATION		
Guardian 1 (Primary Account Holder)		Guardian 2	
First Name	Last Name	First Name	Last Name
Address		Address	
Cell Phone	E-mail	Cell Phone	E-mail
Place of Employment	Work Phone	Place of Employment	Work Phone
Work Address		Work Address	
DIETARY RES	STRICTIONS		
Thank you for your interest in La Mere Academy. As the next step in the admissions process, we kindly request that you schedule a family and child interview at your earliest convenience.			
Parent/Guardian Signat			Date
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