



Applying for School Year	
2012-2013	<input type="checkbox"/>
2013-2014	<input type="checkbox"/>
2016-2020	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Little Movements Day Care
 For the littlest movers and shakers
 424 William Ave, Larkspur, CA 94939
APPLICATION FOR ADMISSION

~Please return this Application Form with an Application Fee of \$100.00(non-refundable) LDMC Send to: Little Movements Day Care, 424 William Ave, Larkspur, CA 94939~

Child's Name _____ Gender _____

Birth date _____

Age _____

Home Address _____

_____ City State Zip code

FAMILY INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Name

Name

Home Address

Home Address

City State Zip

City State Zip

() _____
Home Telephone

() _____
Home Telephone

() _____
Cell Phone

() _____
Cell Phone

Email address

Email address

Occupation

Occupation

Employer

Employer

Business Street Address

Business Street Address

Business Street Address

Business Street Address

City State Zip

City State Zip

() _____
Business Telephone

() _____
Business Telephone

Business Telephone

Business Telephone

Educational Background
Language spoken at home _____

Educational Background
Language spoken at home _____

Child's Physician
Allergies _____

Telephone (_____) _____

(There is a separate allergy form to fill out for LMDC)

Has the child any physical disability ,special needs, or medical history that would be useful for us to know? Yes No _____

Is the child on any continuous medication? Yes No _____

Is there any environmental/behavioral history that would be useful in helping to understand the development of the child?
 Yes No

Other children in family _____ Birthdate _____
_____ Birthdate _____
_____ Birthdate _____
_____ Birthdate _____

Parents are: Married Separated Divorced
 Father Deceased Mother Deceased

Does the child have a regular babysitter or day care provider? Yes No (_____) _____

Name Telephone

Street Address City State Zip

What hours? _____ Language spoken by this person? _____

Previous schooling _____

What do you want your child to learn at Little Movements Day Care?

Please list any child's hobbies, interest, special abilities, or knowledge that you might like to share with the children at school:

Where did you learn about our school LMDC?

What school do you plan for him/her to attend after LMDC? _____

At what level? _____

Photo Release: Your child may be photographed or videotaped for inclusion in the district publications and website, or in newspapers or magazines, articles, or letters relating to school activities. You will need to write a letter to LMDC if you wish your child NOT to be photographed.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY:

Date Check Received _____ Check Number _____ Acknowledgement Sent _____

Date of Interview _____ Interviewed by _____ Date of Admittance _____

Birth Place _____ Birth Date _____ Birth Certificate Number _____ Date Issued _____

Other Form of Proof _____ Verified by _____ Date _____