



playa vista

Enrollment Application

Child's Information:

Last Name:	First Name:	Middle Name:
Birth/Due Date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		
City:	State:	Zip Code:
Desired Start Date:	Estimated Drop-off Time:	
	Estimated Pick-up Time:	

Any known medical conditions/chronic illness? (e.g. asthma, allergies, history of illness):

Special Dietary Needs:

Parent/Guardian's Information:

Parent/Guardian #1 Full Name:	Address (if different):	Relationship:
Cell Phone:	Home/Work Phone:	Email:
Parent/Guardian #2 Full Name:	Address (if different):	Relationship:
Cell Phone:	Home/Work Phone:	Email:
Parent/Guardian Signature:		Date:

How did you hear about us? _____

**A \$100.00 non-refundable fee must accompany this Enrollment Application.
Please submit payment via Venmo to @footstepsplayavista or via Zelle to 808-346-0982.*