

Azure Hills Children's Center



APPLICATION FORM

School Office #: 909-825-7054

Today's Date: _____ Start Date: _____

Child's Name: _____ DOB: _____
Last Name, Middle Name, First Name

Address: _____
Number and Street, Apt # if any

Seventh-day Adventist Church Membership (if applicable):

Parent #1: _____ Cell Phone: _____
Last Name, First Name

Address: _____ Home Phone: _____
Number and Street, Apt # if any

Occupation: _____ Employer: _____

Email: _____ Work #: _____

Parent #2: _____ Cell Phone: _____
Last Name, First Name

Address: _____ Home Phone: _____
Number and Street, Apt # if any

Occupation: _____ Employer: _____

Email: _____ Work #: _____
