

Phone 310-373-2229

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**Shannon Kolb,
Director**

Immediate, Fall, Summer
Number of days: 2, 3, 5

2, 3, 5 EXTENDED DAY

Child's Name _____ Phone _____

Address _____ City _____ Zip _____

Date of Birth (month/day/year) _____ Male / Female Age: _____ years _____ months

Mother's Name _____ Mom's Cell Phone _____

Business Address _____ Mom's Work Phone _____

Father's Name _____ Dad's Cell Phone _____

Business Address _____ Dad's Work Phone _____

Mother's Occupation _____ Father's Occupation _____

EMAIL ADDRESS: _____

Persons Allowed to Pick-up (other than the parents):

Name _____ Relationship _____ Home Phone _____
Cell Phone _____

Name _____ Relationship _____ Home Phone _____
Cell Phone _____

Physician _____ Phone _____

Medications Prescribed _____ Food Restrictions/
Allergies _____

Names and Ages of brothers and sisters _____

Names and Dates of children previously enrolled at La Primera _____

FOR OFFICE USE ONLY:

Date Sent	Date Rec'd	Conf. Let	Reg. Fee	Tuition	Start Date
_____	_____	_____	_____	_____	_____