

# Application Form

Keystone Daycare and preschool Application form

\_\_\_\_\_  
Child's Legal name: Last                      First                      Middle

\_\_\_\_\_  
Home Address    City                      Zip

(     ) -     -     \_\_\_\_\_  
Home Phone Number                      Male/Female                      Age (YRS/MNTHS)

\_\_\_\_\_  
Date of Birth (MM/DD/YY)                      Child's Primary language                      Language spoken at Home

\_\_\_\_\_  
Parents Name: last                      First                      Middle

\_\_\_\_\_  
Parents Address(If defferent from above)                      City                      Zip

\_\_\_\_\_  
e-mail address (Optional- you will recived important massages)

\_\_\_\_\_  
Requested enrollment date                      Programe enrollment needs                      Gov Agency if applicable

What do you expect from a Daycre:

\*Price                      \*Quality and safety                      \* Hours                      \*other

Additional Comment about the child: (More details we should know about your child)

Additional comment about the visit:

Keystome Daycare & Home preschool - La Mirada  
Tel: 562 303 7273  
Email: info@keystonedaycare.com  
Web : www.Keystonedaycare.com