ՍՐԲՈՑ ՆԱՀԱՏԱԿԱՑ Հ.Օ.Մ.Ի
ԱՇԽԷՆ ՓԻԼԱՎԶԵԱՆ
ՄԱՆԿԱՎԱՐՈՒՅՍ
HOLY MARTYRS A.R.S.
ASHKHEN PILAVJIAN
PRESCHOOL

naeyc Accredited

²ðÒ²Ü²¶ðàôÂº²Ü ¸ÆØàôØÜ²¶Æð
REGISTRATION APPLICATION FORM

FOR OFFICE USE ONLY

¸åñáó³Ï³Ý î³ñ»ßñç³Ý / School Year **2011 - 2012** Date of Registration:_____

î³ñ»Ï³Ý ²ñÓ³Ý³·ñáõÃÇõÝ / Annual Registration Fee: Invoice Number: _____

Êáõ Ùµ / Group _____ ☐ Check ☐ Cash ☐ Credit Card

Note:

Æ±Ýãå¿ë ï»Õ»Ï³ó³ù Ø³ÝÏ³ÙëáõñÇ Ù³ëÇÝ.- _____

How did you hear about the Preschool?

Ü³ËÏÇÝ Ï³×³Ë³Í Ù³ÝÏ³Ùëáõñ.- _____

List previous child care centers child has attended:

²Þ²Îºðî Æ Ø²êÆÜ CHILD INFORMATION

²ÝáõÝ / Full Name ☐ Male ☐ Female

Ì ÝÝ¹»³Ý Âáõ³Ï³Ý _____ Ì ÝÝ¹³í³Ûñ_____
Date of Birth M D Y Place of Birth

î³Ý Ð»é³Ó³ÛÝ / Home Phone ( ) _____

Ð³ëó¿ / Address: _____
(Number & Street) (City) (State) (Zip)

Billing Address: _____
(Number & Street) (City) (State) (Zip)

ÀÜî²ÜÆØÆ Ø²êÆÜ / FAMILY INFORMATION

Ð²Ûð / FATHER

Ðûñ ²ÝáõÝ / Father's Full Name:

¼µ³ÕáõÙ / Occupation: | SSN:

¶áñÍÇ ÃÇõ / Business Phone: ( ) | DLN:

´çÇç³ÛÇÝ Ð»é³Ó³ÛÝ / Mobile Phone: ( ) | E-mail Address:

Ø²Ûð / MOTHER

Øûñ ²ÝáõÝ / Mother's Name:

¼µ³ÕáõÙ / Occupation: | SSN:

¶áñÍÇ ÃÇõ / Business Phone: ( ) | DLN:

´çÇç³ÛÇÝ Ð»é³Ó³ÛÝ / Mobile Phone: ( ) | E-mail Address:

ØàÜðºÔ´ /SIBLINGS

ÀÝï³ÝÇùÇ³Ûɻñ»Ë³Ý»ñáõ³ÝáõÝÝ»ñ Names of other children in the family	î³ñÇù Age	Ú³×³Ë³Í¹åñáóÇ³ÝáõÝ Name of school attending

ÎÁ ËÝ¹ñ»Ýù Ýß»É 18 ï ³ñ»Ï³Ý¿Ý í»ñ ³ÝÓ»ñáõ ³ÝáõÝÝ»ñ, áñáÝù ÍÝáÕÝ»ñáõ µ³ó³Ï³ÛáõÃ»³Ý å³ñ³·³ÛÇÝ ÏñÝ³Ý »ñ»Ë³Ý ¹åñáó¿Ý ³éÝ»É »õ Ï³Ù áñ»õ¿ ³Ý³ÏÝÏ³É ¹¿åùÇ å³ñ³·³ÛÇÝ ÍÝáÕùÁ ÷áË³ñÇÝ»É:

Please indicate names of persons (18 years of age or older) authorized to take child from the facility & who may be called in case of emergency.

(CA Photo ID/Drivers' license may be required at the time of child pick up).

Child will not be allowed to leave with any other person without authorization from parent or guardian.

NAME	TELEPHONE	RELATIONSHIP
	Mobile: Other:	
	Mobile: Other:	
	Mobile: Other:	
	Mobile: Other:	

For networking purposes, please list our information in the Preschool's directory, which will be distributed to all preschool parents. ☐ **Yes** ☐ **No**

If yes, please choose which information can be released.

☐ **Parents' Name** ☐ **Address** ☐ **Home Phone** ☐ **Email Address**

´ÄÞÎ²Ï²Ü ÎºÕºÎàõÂÆõÜ
MEDICAL INFORMATION

´ÅÇßÏÇ ²ÝáõÝ / Physician's Name: _____

Ð»é³Ó³ÛÝ / Phone ( ) _____ ø³Õ³ù / City _____ _____

Allergies:_____

Medical Conditions:_____

Consent to post my child's name in the classrooms regarding his/her medical condition / allergies / illness. ☐ **Yes** ☐ **No**

_____ _____

Signature Date

☐ Father ☐ Mother ☐ Guardian