

# Azure Hills Children's Center



## APPLICATION FORM

School Office #: 909-825-7054

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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):

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Parent #1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Last Name, First Name

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Work #: \_\_\_\_\_

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Parent #2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Last Name, First Name

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Work #: \_\_\_\_\_

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