

La Casita Admission Form

First Day of Attendance:	Last Day of Attendance:					
Child's Name:	Date of Birth:		Gender:	_		
Address:	City/State:		Zip:			
Parent/Guardian Information	<u>1:</u>					
Father's Name:	Mother's Na	me:				
Home Address:	Home Addre	Home Address:				
Work Address:	Work Address:					
Home/Cell Phone:	Home/Cell Phone:					
Work Phone:	Work Phone:					
Email:	Email:	Email:				
If your child has any allergies or ot	ther medical conditions, please	e list: (If n	one, write "none'	" or N/A)		
Physician/Medical Facility:	Pho	one:				
Hospital Preference:	Phone:					
I give my permission for Emergen	cy Medical: Transportation Treatment	Yes Yes	No No			
If other action is requested, please	specify:					
Names, address, and phone numbother than parents or legal guardia			locally in case of	f emergency,		
Name:	Name:					
Address:	Address:					
Phone:	Phone:					
Signature of Parent or Guard	lian Date					