



1501 Magnolia Street | Oakdale, CA 95361  
 Heritage\_discoveryschool@outlook.com

Date Application Recv'd \_\_\_\_\_

## Enrollment/Admissions Agreement

### STUDENT'S INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Resides With: \_\_\_\_\_ Student likes to be called: \_\_\_\_\_

Present Type of Childcare: \_\_\_\_\_ Babysitter \_\_\_\_\_ Home Daycare \_\_\_\_\_ Relative \_\_\_\_\_ Home w/ Parent

How did you find out about Heritage? \_\_\_\_\_ Friend \_\_\_\_\_ Family \_\_\_\_\_ Other: \_\_\_\_\_

**ATTENDANCE:** \_\_\_ Pre-Kindergarten Program \_\_\_ After School Program \_\_\_ Pre Kindergarten AND After School

**Days of the Week:** \_\_\_ Monday-Friday \_\_\_ Mon/Wed/Fri \_\_\_ Tue/Thurs \_\_\_ Other: \_\_\_\_\_

Time of Child's Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Start Date: \_\_\_\_\_

### FATHERS INFORMATION

Last Name	First Name	Email
Home Phone	Cell Phone	Work Phone
Address (if different from student's )	City	State/Zip Code

### MOTHERS INFORMATION

Last Name	First Name	Email
Home Phone	Cell Phone	Work Phone
Address (if different from student's )	City	State/Zip Code

May we send school communication via email? \_\_\_\_\_ yes \_\_\_\_\_ no

May we include your child in photographs? \_\_\_\_\_ yes \_\_\_\_\_ no

My child has permission to be included in photographs, and audio, or visual tapes to be used for educational purposes and sharing on Social Media (Facebook/Instagram)

Parent /Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

____ Emergency Contact Form	____ Financial Agreement	____ Personal Rights	____ Physicians (Apt Date:_____)
____ Admissions Agreement	____ Illness/Injury Policy	____ Parents Rights	____ Field Trip _____ Sunscreen
____ Tuition and Fees	____ Pre Admission Form	____ Immunization	____ Invoice _____ Kaymbu/Email