



Application for Enrollment
Children's Academy of Success
Downey, CA 90241
562-231-4373

GENERAL INFORMATION

Child's Name: _____ Date of Birth ___/___/___
goes by: _____ boy ___ girl ___
Address _____ Apt# _____
City _____ State _____ Zip _____
Preferred Phone Number to be contacted at _____

Preferred Method of Contact: _____ Phone call _____ Text Message _____ Email _____

FAMILY INFORMATION

DAD's Name _____ Occupation _____
Home Address (if different from child's)

Phone _____ Alt Phone _____
e-mail _____

MOM's Name _____ Occupation _____
Home Address (if different from child's)

Phone _____ Alt Phone _____
e-mail _____

Other People in the household (e.g. brother, sister, etc)
Name _____ Relationship _____ Age _____

Please list any allergies (including food) and reactions:

Are there any concerns of:

_____ hearing loss or difficulties _____
_____ vision difficulties _____
_____ Speech difficulties _____