



18200 Rinaldi Pl.  
 Porter Ranch, CA 91326  
 Tel: (818) 960-3959  
 Fax: (818) 960-3969

**Inspire Learning Center**

**Student Application**

Childs Name		Nickname	Sex	Birth Date
Home Address		City	State	Zip Code
Parent/Guardian Name			Relationship	
Home Address	City		State	Zip Code
Place of Employment	Occupation		Work Phone	Cell Phone
Email Address				
Parent/Guardian Name			Relationship	
Home Address	City		State	Zip Code
Place of Employment	Occupation		Work Phone	Cell Phone
Email address				
<u>Marital Status of Parents</u> Married Divorced Separated Other: _____		Does the child live with both parents? yes/no If not, with whom does the child live with? _____		



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<p>Does the child have siblings?</p> <p style="text-align: center;">Yes No</p>	<p>If yes, name the other children within the household</p> <hr/> <hr/> <hr/> <hr/>
<p>Who besides the immediate family lives within the household?</p>	
<p>What language is spoken at home?</p>	
<p>Who will be picking up your child?</p>	<p>Name: _____</p> <p>Relation: _____</p>
<p>Who is authorized to pick up your child?</p> <p><i>The following individuals listed may pick up your child with a presentation of official identification. Those who are not listed here may <u>not</u> pick up your child unless arrangements have been made with the director.</i></p>	<p>1) Name: _____</p> <p>Relation: _____</p> <p>Phone Number: _____</p> <p>Home Address: _____</p> <p>_____</p> <p>2) Name: _____</p> <p>Relation: _____</p> <p>Phone Number: _____</p> <p>Home Address: _____</p> <p>_____</p> <p>3) Name: _____</p> <p>Relation: _____</p>



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	Phone Number: _____  Home Address: _____  _____
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**General Health Conditions**

Does your child have any medical allergies?	No Yes, Specify _____
Does your child have any food allergies?	No Yes, Specify _____
Does your child nap?	No Yes, for how long? _____
Does your child have any sleeping difficulties?	No Yes, Specify _____
Does your child have a diagnosis or disability?	No Yes, Specify _____
If your child has a diagnosis or disability, are they receiving any outside services?	No Yes, Specify _____
Does your child have any medical conditions?	Yes, Specify _____ No
Does your child have any food selectivity?	No Yes, Specify _____

**General Questionnaire**

Does your child currently attend another preschool, if so, why are you transferring to Inspire Learning Center?	Yes, Specify _____ No
Describe your child's personality and list any specific interests or specifications you would like us to know.	



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What goals do you have for your child within our environment?	
What Kindergarten plans do you have for you child?	
What is your preferred mode of communication?	
Additional comments or concerns.	

I certify that the information in this document and any attached documents is true and correct.

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Signature

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Relationship

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Date