



Date Submitted _____
Registration Fee Submitted Y / N

5253 E Los Coyotes Diagonal
Long Beach, CA 90815
Phone # 562-597-3900 Fax # 562-494-4079
kidzfirstacademy.com
Email - school@LBFNAZ.org

Facility #191602122

APPLICATION

Child's Name _____ Birth Date _____ Place of Birth _____

Address _____

Home Phone # _____ Previous school attended, if any _____

How did you hear about our school? _____

Preferred Days & Hours – Full Time (M-F All Day) _____ Part Time _____ M/T/W/Th/F (Circle Days) _____ (AM only)

Preferred Start Date: _____ Potty Trained? Y / N

Do you attend church regularly? Yes _____ No _____ Does your child? Yes _____ No _____

Mother _____ Father _____

Email _____ Email _____

Cell Phone #

Work Phone #

Cell Phone #

Work Phone #

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Occupation

Place of Employment

Occupation

Place of Employment

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Please check if any of the following apply (to help us be sensitive to your family situation)

Mother & Father: Married _____ Separated _____ Divorced _____ Living together _____

If Divorced

Mother: Remarried _____

Father Remarried _____

Step Parent's Name _____ Step Parent's Name _____

Brothers/Sisters: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Unusual factors in the child's life and/or home situation/allergies/special needs: _____

Is there any court order in effect limiting the presence of, or removal of student by any person or persons during school hours? Please explain and provide court documentation if applicable _____