

**Little Stars**  
4063 Edson Avenue  
Bronx, N.Y. 10466

APPLICATION FOR ADMISSION 2019– 2020

**Student's Full Name** \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Mother or Guardian's Name** \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security# \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Tel & Code: \_\_\_\_\_

Facebook Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell# \_\_\_\_\_

Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Tel & Code: \_\_\_\_\_

Facebook Address \_\_\_\_\_

How did you hear about our program? \_\_\_yellow pages\_\_\_ referral \_\_\_ website \_\_\_ other

Does child have any disability in speech, hearing, sight, muscular development, allergies?

Do you anticipate your child having any specific problem adjusting to school? \_\_\_\_\_

Persons authorized to pick up child from school

\_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_\_