



*Blossom Valley*  
**Joy School**



(408) 281-3070  
 Child Care Facility License #434405209

**Entrance Application**

Please return this application with \$50.00 per family non-refundable application fee. **This applies toward your registration fee.** The remainder of the registration fee--\$125--is due **June 9th, 2017 (or upon admittance if you apply after June 9<sup>th</sup>, 2017).**

Please make all checks payable to **Deborah Torrens.**

**Child Information**

Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (evening) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Family Data**

Please complete the following chart:

	Name	Employer	Work Phone	Cell Phone
Mother				
Father				
Guardian (if other)				

**Significant Health Factors (disabilities, diseases, vision, hearing, etc.)**

\_\_\_\_\_

**Dietary Restrictions**

Are there any foods your child should not eat? \_\_\_ yes \_\_\_ no

If yes, list foods that shouldn't be eaten \_\_\_\_\_

**Emergency Information**

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Temporary guardian who will assume care of child if parent cannot be reached:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**T-Shirt Size:** (please circle one) XS (4T) S(5) M (6)