



Blossom Valley
Joy School



(408) 281-3070

Child Care Facility License #434405209

Entrance Application

Please return this application with \$60.00 per family non-refundable application fee. **This applies toward your registration fee.** The remainder of the registration fee--\$125--is due the first week of **June (or upon admittance if you apply later in summer).**

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)