



LOMA LINDA ACADEMY CHILDREN'S CENTER

Loma Linda, CA 92354
909-796-0161

APPLICATION FORM

Today's Date: _____

Date of Enrollment: _____

Are you Seventh-day Adventist: Yes No What church do you attend? _____

Child's Name: _____
First Middle Last Nickname

Address _____
Number and Street, Apartment # if any Phone

City State Zip Code

Birth date: _____ Age at Enrollment: _____

Do both parents live at the same address as their child? Yes No, if no, continue to next line.
Do you want all communication e-mailed to other parent or guardian? Yes No

Father / Guardian's Name: _____
circle one First Middle Last

Address: _____
Number and Street, Apartment # if any Phone

City State Zip Code

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Mother / Guardian's Name: _____
circle one First Middle Last

Address: _____
Number and Street, Apartment # if any Phone

City State Zip Code

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Father/Guardian's Signature: _____ Date: _____

Mother/Guardian's Signature: _____ Date: _____