



Pasadena Preparatory Academy
444 S. Sierra Madre Blvd.
Pasadena, CA 91107
Ph. [626] 720-4520
Fax [626] 577-4566

I would like to enroll the following child:

Child's Name: _____
Last First Middle

Sex: _____ Age: _____ Birthday: _____

Entry Date: _____ Last Grade Completed: _____

Type of Afterschool Care: Continuous Occasional

Guardian's Name: _____
Last First Middle

Address: _____
Street Apt # City State Zip

Phone: _____
Home Mother's Cell Father's Cell

Status: Married Divorced Separated Single Widowed

Social Security #: Father: _____ Mother: _____

Driver's License #: Father: _____ Mother: _____

E-Mail Address: Father: _____ Mother: _____

Place of Employment: Father Mother
Company: _____ Company: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Nearest relative not residing with you:

Name: _____ Address: _____

Phone: _____

Relationship: _____

Date: _____ Signature of Applicant: _____