



Nihonmachi

LITTLE FRIENDS™

Japanese Bilingual & Multicultural Childcare

PRESCHOOL PROGRAM APPLICATION (FOR PRIVATE FEE ENROLLMENTS)

Date: _____

Name of parent(s)/guardian(s) _____

Applicant's Name	_____	_____	_____	_____
	Last	First	Middle	Birth date

Applicant's Name	_____	_____	_____	_____
	Last	First	Middle	Birth date

Sibling's Name	_____	_____	_____	_____
	Last	First	Middle	Birth date

Sibling's Name	_____	_____	_____	_____
	Last	First	Middle	Birth date

Number of Family Members _____

Parent/Guardian	_____	Parent/Guardian	_____
(Relationship to Child)	_____	(Relationship to Child)	_____

Address	_____	Address	_____
---------	-------	---------	-------

City	_____	Zip Code	_____	City	_____	Zip Code	_____
------	-------	----------	-------	------	-------	----------	-------

Home Phone	_____	Home Phone	_____
------------	-------	------------	-------

Cell Phone	_____	Cell Phone	_____
------------	-------	------------	-------

Employer/School	_____	Employer/School	_____
-----------------	-------	-----------------	-------

Address	_____	Address	_____
---------	-------	---------	-------

Position	_____	Position	_____
----------	-------	----------	-------

Days/Hours	_____	Days/Hours	_____
------------	-------	------------	-------

Work Phone	_____	Work Phone	_____
------------	-------	------------	-------

Other Members in Family Unit _____

Name

Relation to Child

Name

Relation to Child

Type of Family: Single Parent _____ Mother _____ Father _____
Two Parent _____

I am interested in: Full-time _____ Part-time _____ (5 half-days or 3 full consecutive days)

Site Preference: Bush Street Site (larger): _____ Sutter Street Site (smaller): _____
No preference, either site: _____

Need: I am applying for childcare services because _____

Income Resources of Family: This information is required for private families requesting less than the maximum private fee rate. Income must be verified at time of enrollment.

Please report your **total gross monthly** family income for each item listed:

Money wages or salary \$ _____

Net income from self-employment \$ _____

Other Income (i.e. Social Security benefits
dividends, interest on savings or bonds,
income from estates or trusts, net rental
income or royalties) \$ _____

Alimony and/or Child support \$ _____

GROSS MONTHLY INCOME \$ _____

I affirm that to the best of my knowledge and belief, the statements in this application are true.

Signature of Parent/Guardian

Relationship to Child

Date