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 Male/Female Date of Birth

Applicant's Name_____ _____ _____
Last First Middle Male/Female Date of Birth

Sibling's Name _____ _____ _____
Last First Middle M/F Date of Birth

Sibling's Name _____ _____ _____
Last First Middle M/F Date of Birth

Number of Family Members_____

Parent/Guardian_____
(Relationship to Child)_____

Address_____

_____
City Zip Code

Email Address:_____

Cell Phone _____

Employer/School_____

Address _____

Position_____

Days/Hours_____

Work Phone_____

Parent/Guardian_____
(Relationship to Child)_____

Address_____

_____
City Zip Code

Email Address:_____

Cell Phone _____

Employer/School _____

Address _____

Position _____

Days/Hours _____

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)

Need: I am applying for childcare services because_____

_____

Income Resources of Family: This information is only required for private families requesting the sliding fee schedule. 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 $_____

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