11809 Del Amo Blvd, Cerritos, CA 90703
Phone: (562) 860-7100
www.honeycomblearningcenter.com

APPLICATION FORM

Childs Name (First, Last): _____

Nickname (if applicable):_____

Childs Age: _____ **Childs Date of Birth (00/00/00):** _____

Father's Name (First, Last):_____

Mother's Name (First, Last):_____

Street address: _____

City:_____ **State:**_____ **Zip code:**_____

Mother: (Home Phone)_____ **(Cell)**_____

(Work Phone & ext #)_____

(Email address):_____

(Drivers License#):_____***Please attach photo copy.***

Father: (Home Phone)_____ **(Cell)**_____

(Work Phone & ext #)_____

(Email address):_____

(Drivers License#):_____***Please attach photo copy.**

Authorized person(s) for pick-up (Incase immediate parents are unable, or emergency situations)

Name:_____ Ph:_____

Name:_____ Ph:_____

Does your child have any medical conditions which I should be aware of?

_____
_____
_____
_____

Please indicate any allergies (food, medication, environmental, etc.) or important information:

_____
_____
_____
_____
_____

Does your child have any special needs or concerns?

_____
_____
_____
_____

CHILD'S HEALTH RECORD: *(please attached your child's immunization documents to this form)*

Name of child's primary care physician (in case of emergency):_____

I hereby have read and understood the policy and guidelines of Honeycomb Learning Center

☐ ***(Please check box if you understand and agree with the policy provided by Honeycomb Learning Center)***

_____ _____

Parent or Guardian signature: **Parent or Guardian signature:**

_____

Date:

FOR MORE INFORMATION PLEASE VISIT US AT: honeycomblearningcenter.com