



2530 West La Palma Ave.
Anaheim, Ca 92801

Student and Parent Information

Student's Full Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

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

Father's email: _____ Mother's email: _____

Father's Employer: _____ Mother's Employer: _____

Title: _____ Title: _____

Business Address: _____ Business Address: _____

City: _____ State _____ Zip: _____ City: _____ State _____ Zip: _____

Work Phone: _____ Work Phone: _____

List siblings attending Eagles' Nest or Acaciawood School:

Name: _____ Room/Location: _____

Name: _____ Room/Location: _____

Home Language Survey

1. Which language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home. _____

Medical and Emergency Information

Insurance Carrier: _____

Group #/I.D. #: _____

Physician: _____

Hospital: _____

Address: _____

Address: _____

Are all immunizations up to date: _____

Please attach a copy of your child's proof of immunization to this application.

Medical Conditions/Allergies: _____

Additional Information: _____

If we are unable to reach you, we **MUST have 2 LOCAL** contact persons who you authorize to pick your child up from school if your child is ill or needs medical attention.

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Natural Disaster Contact

This person below should be contacted in the event of a major crisis or natural disaster. This person should live outside of our immediate area and can be contacted to assume responsibility for your child when parents cannot be reached.

Name: _____

Relationship: _____

Address, City, State: _____

Home Phone: _____

Cell Phone: _____

Registration, Book Fee, and Tuition Information

Monthly Tuition: \$500 (Aug-May)

Book Fee: \$150

Non- Refundable Registration Fee: \$150

Payment Details

The **registration fee and book fee (total of \$300)** are due at the time of enrollment. No later than May 1st.

Please make checks payable to **Felix Fong**.

Monthly tuition fee (non-refundable) *is due on the 1st of each month* (Aug-May).

If the 1st falls on a weekend, payment is due the following Monday.

A \$25 late fee will be applied to accounts that are more than 5 days past due.

Additional Information

Reduced tuition may be available in exchange for weekly parent service hours, if needed.