

Registration for  
**AGAPE PRESCHOOL**  
1128 Summerwings Court  
San Jose, CA 95132  
(408) 705-2627

Application Date: \_\_\_\_\_

**STUDENT INFORMATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Lives with: Both Mom Dad Other  
*(please circle one)*

<i>(For Office Use)</i>
Enrollment Fee: _____
Check No. _____
Date: _____

**FATHER'S INFORMATION**

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**MOTHER'S INFORMATION**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_