

ALTADENA CHILDREN'S CENTER
791 E. Calaveras St.
Altadena, CA 91001



Name of Child _____ Date of Birth _____

Address _____
street number and name city state zip code

Phone _____ Cell Phone _____ Email Address _____

Name of Parent(s) or Guardian(s): 1. _____

2. _____

Parents' Employment: 1. _____ Phone _____

2. _____ Phone _____

I will bring my child to ACC at _____ a.m.

I will pick up my child from ACC at _____ p.m.

**A NON-REFUNDABLE ENROLLMENT FEE OF \$150.00
MUST ACCOMPANY THIS APPLICATION.**

This fee reserves an enrollment space for your child, covers the cost of processing the enrollment application and pays for a disaster preparedness kit for your child.

Signed _____ Date _____
Parent or Guardian's Signature

How did you hear about ACC?
Friend ____ Online ____ Social Media ____ Other _____

For Office Use Only:

Approved _____ Date _____
Director's Signature

