



YOUTH TENNIS SAN DIEGO



OFFICE USE ONLY: Date Rec'd _____ App # _____ Check # _____ Check Amt _____

Youth Tennis San Diego- Barnes Tennis Center: APPLICATION FOR 2010 ENROLLMENT

Child Information:

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____

Parent's Last Name: _____ Parent's First Name: _____

Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Parent's Occupation: _____ Cell Phone: (____) _____

Parent's Employer: _____ Email Address: _____

Parent's Last Name: _____ Parent's First Name: _____

Relationship to Child: _____

Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Parent's Occupation: _____ Cell Phone: (____) _____

Parent's Employer: _____ Email Address: _____

Classroom & School Day Preferences (9:30 am to 12:30 pm): (NOT A GUARANTEE OF PLACEMENT)

____ 3 yrs of age ____ 4 yrs of age ____ 5 yrs of age

____ Two Day Option: Tues & Thurs ____ Three Day Option: Mon, Wed & Fri

Previous Child Care Information:

(Please include family day care, preschools, etc.)

Has your child had previous child care? ____ No ____ Yes

Name of Facility: _____

Address: _____

Name of Primary Caregiver: _____ Phone: (____) _____

Dates of Attendance: From: ____/____/____ To: ____/____/____

Name of Facility: _____

Address: _____

Child's Special Needs:

Does your child have special needs? No ____ Yes ____ Please explain: _____

About Your Child:

Please tell us about your child: _____

Sibling Information:

Please list: Day/Month/Year:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Parent Acknowledgement:

Signed: _____ Date: _____

PLEASE RETURN **THIS FORM** ALONG WITH YOUR \$20 NONREFUNDABLE application fee to:

Youth Tennis San Diego/Barnes Tennis Center
4490 West Point Loma Blvd. San Diego, CA 92107