



Los Mapaches Application

Childs Name : _____

Birthdate: ___/___/_____

Gender : M F

Parent name : _____

Parent email : _____

Parent Phone : ____-____-_____

Parent name : _____

Parent email : _____

Parent Phone : ____-____-_____

Address 1 : _____

Address 2 : _____

City : _____

Zip Code : _____

Childs Schedule Preference : 1 2 3 days a week

Child's day Preference : Mon Tues Wed

Date you would like your child to attend Los Mapaches : ___/___/_____

Please tell me about your child and family :

Any medical issues or allergies? _____