E-PLEX
EDUCATION COMPLEX

E-Plex Buena Park
6940 Beach Blvd. D-212
Buena Park, CA 90621

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(714) 464-8355

Application Form

Full Name of Child:	Gender: M / F	Date of Birth:
School:	Grade:	
Address:		
Please list your child's primary language:		

Mother's Details:

Mother's name:
Cell Phone:
Email address:
Address (if different from child's):

Father's Details:

Father's name:
Cell Phone:
Email address:
Address (if different from child's):

Other Emergency Contacts:

Name:	Relationship to child:
Telephone Number:	
Name:	Relationship to child:
Telephone Number:	

Medical/Allergy Details:

Does your child have any medical problems and/or allergies that we should be made aware of? Please give details below:

Special Dietary Requirements:

Does your child have any dietary requirements? e.g. vegetarian. Please give details below:

Applicant Parent/Guardian Confirmation

Full Name of Parent/Guardian Filling out the Application:	
Parent/Guardian Signature:	Date: