



E-Plex Diamond Bar
2751 S. Diamond Bar Blvd.
Diamond Bar, CA 91765

eplexdb@gmail.com
(909)674-6400

Application Form

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|---------------------|---------------|----------------|
| Full Name of Child: | Gender: M / F | Date of Birth: |
| School: | Grade: | |
| Address: | | |

Please list your child's primary language:

Mother's Details:

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

Father's Details:

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|--------------------------------------|
| 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:

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Special Dietary Requirements:

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

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Applicant Parent/Guardian Confirmation

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