



Application for Admission

| Child's Name : | | | | |
|---|-------|------|-------------|-----------------------|
| Gender: M/F | First | Name | Middle Name | Last Name |
| Date of Birth: | | | | |
| Parent's Name: | | | | |
| Address: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Parent's Name: | | | | |
| Address: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Names and ages of siblings: | | | | |
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| _ | | | • | Toddler Class 2024-25 |
| If we do not have space, are you interested in being added to our waitlist? | | | | |
| How did you hear about Synapse Atelier? | | | | |

Please email the Application to synapseatelier@gmail.com