



15487 Hamner Drive
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Application for Admission

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

Gender: M/F

Date of Birth: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

Names and ages of siblings: _____

What is your educational philosophy and what are your goals for your child?

Which Program? Pre-K 2024-25 Pre-K 2025-26 Summer Camp 2024 Toddler Class 2023-24

Other Program: _____

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

Licensing # 197493641