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Application of Interest

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 School Year? 2020-21 2021-22 2022-23 Summer program

Which Program? Preschool Plan A (8:30-1:00) Preschool Plan B (8:30-1:00) Parent Toddler Class

Which Sunday at 10am are you available to tour the preschool with your child? _____

How did you hear about Synapse Atelier? _____

Please email the Application to synapseatelier@gmail.com.