

LOS ALTOS UNITED METHODIST CHURCH
CHILDREN'S CENTER PRESCHOOL
655 Magdalena Ave.
Los Altos, CA. 94024
(650)941-5411

Office use only: Date Rec. _____
Re-enrolling _____
LAUMC Member _____
Returning Family _____
Wait List Priority _____
General Public _____

APPLICATION FOR ENROLLMENT 2012 - 2013

Please enroll my child in the following class(es):

TWOS - Tues & Thurs PM _____ **PREKINDERGARTEN** (4's) - Mon/Wed/Fri AM _____
THREES - Tues & Thurs AM _____ **PREKINDERGARTEN** (4's) - Mon/Wed/Fri PM _____
THREES - Mon/Wed/Fri PM _____ **INNOVATIVE** (4's & 5's) - Tues & Thurs AM _____
YOUNG FIVES - Monday - Friday PM _____

Child's Name _____	Birthdate _____ F _____ M _____
Home Address _____	City _____ Zip _____
Home Phone _____	Primary Email Contact _____
_____ (Mother/Guardian)	_____ (Father/Guardian)
_____ (Address if different than above)	_____ (Address if different than above)
_____ (Work Address & Phone)	_____ (Work Address & Phone)
_____ (Cell Phone)	_____ (Carrier)
_____ (Cell Phone)	_____ (Carrier)
_____ (Brothers & Sisters, please list name & ages)	

ALLERGIES: Food _____
Non-Food _____
Medications needed at school _____

EMERGENCY CONSENT: As the parent, agency representative, or legal guardian, I hereby give consent to LAUMC Children's Center to provide all emergency medical or dental care prescribed by a licensed physician or dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I give permission for LAUMC Children's Center to call 911 if such need arises.

(Parent's signature)

(Date)

HEALTH INFORMATION: _____
Physician & Phone _____ Dentist & Phone _____

Please list all illnesses, operations, injuries and treatments: _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY:

(Please list two people, other than child's parents, who live at separate households and that could arrive at the Children's Center within 10 minutes)

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Child's other preschool experiences: _____

Has child had babysitters other than family members? _____

Does child have difficulty separating from parents? _____

Does child have any speech or motor problems? _____

Does child have any special problems or fears? _____

Does child need help with toileting? _____

Does child understand and speak English? _____

What languages are spoken in the home? _____

In an effort to assist us in the placement process, please describe the child's personality:

ADDITIONAL PERSONS AUTHORIZED TO PICK UP CHILD FROM SCHOOL:

Name _____ Relationship _____

Name _____ Relationship _____

As the parent/guardian for _____, I understand that all application fees and all registration fees are non-refundable. I agree to comply with Children's Center policies as stated in the Children's Center handbook.

(Parent's Signature)

(Date)