



LAUMC Children's Center Preschool

655 Magdalena Avenue, Los Altos, CA 94024
 (650) 941-5411, www.childrenscenterpreschool.org

<p>For office use only</p> <p>Date Rec. _____</p>
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ENROLLMENT APPLICATION

September 2nd 2021 – June 8th 2022

Please note: This contact information will be shared with other class families

Child's Name _____ Birthdate _____ Male/Female _____

Home Address _____ City _____ Zip Code _____

 Name - Mother/Parent/Guardian

 Name - Father/Parent/Guardian

 Email

 Email

 Cell Phone

 Cell Phone

LAUMC Church Member: YES NO

Are you a returning family: YES NO

CLASS PREFERENCE: Please indicate the class you are registering for. If possible, please indicate 1st and 2nd choice.

TWO YEARS OLD: Recommended for children who are two by Sept. 1 st 2021	TTh (8:45 - 11:45 AM) <input type="checkbox"/>
	MWF (8:45 - 11:45 AM) <input type="checkbox"/>
THREE YEARS OLD: Recommended for children who are three by Sept. 1 st 2021	TTh (8:45 - 11:45 AM) <input type="checkbox"/>
	MWF (8:45 - 11:45 AM) <input type="checkbox"/>
	M-F (8:45 - 11:45 AM) <input type="checkbox"/>
PRE-KINDERGARTEN: Recommended for children who are four by Sept. 2021	MWF (8:45 - 11:45 AM) <input type="checkbox"/>
	M-F (8:45 - 11:45 AM) <input type="checkbox"/>

PICK-UP AUTHORIZATION

The following people have permission to pick-up my child from school

Name	Relationship to child	Phone

NOTE: Please call the school office to let us know if someone other than you or a person authorized above has permission to pick up your child.

ALLERGIES:

Food: YES NO If YES, please list: _____

Non-Food: YES NO If YES, please list: _____

If your child has an allergy, we require you to please complete a "Food Allergy" form available from the school office.

MEDICATIONS:

Medications needed at school: _____

If your child needs medications at school, we require you to complete a "Parent Consent for Administration of Medications" form available from the school office.

(Parent's signature)

(Date)

PLEASE COMPLETE THE FOLLOWING:

Names and ages of siblings: _____

Does your child understand and speak English? _____ Other languages spoken at home: _____

Is your child toilet trained? _____

List any other schools/classes that your child attends: _____

Briefly describe any additional needs and/or personalized support your child may need in the classroom:

Please describe your child's personality: _____

- All applications submitted for classroom placement are processed on a first-come-first-serve basis.
- Please refer to the payment schedule for the 2021-22 school year for registration deposit and tuition fees, due dates, and refund information.
- In the case of a school closure (due to property damage, or a public health emergency, or a natural disaster) the Registration Deposit and/or Tuition are non-refundable and non-transferable.

My signature below will confirm my agreement to all the fees and policies stated above.

(Print Parent's Name)

(Parent's Signature)

(Date)