

LAUMC Children's Center Preschool
 655 Magdalena Avenue, Los Altos CA 94024
 (650) 941-5411 www.childrenscenterpreschool.org

For Office Use Only: Date Rec:
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ENROLLMENT APPLICATION

September 2022 - June 2023

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name:	Birthdate:	Male/Female:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	City:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name-Mother/Parent/Guardian:	E-Mail	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name-Father/Parent/Guardian:	E-Mail	Cell Phone
LAUMC Church Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Returning Family:
		<input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAMMING OPTIONS

TWO YEARS OLD: Recommended for children who are age **two** by September 1st, 2022

TTH	<input type="checkbox"/>	8:45-11:45 AM
COMBO CLASS - 3 Day Option (MWF)	<input type="checkbox"/>	8:45-11:45 AM
COMBO CLASS - 5 Day Option (M-F)	<input type="checkbox"/>	8:45-11:45 AM

THREE YEARS OLD: Recommended for children who are age **three** by the month of September, 2022

COMBO CLASS - 3 Day Option (MWF)	<input type="checkbox"/>	8:45-11:45 AM
COMBO CLASS - 5 Day Option (M-F)	<input type="checkbox"/>	8:45-11:45 AM
M-F	<input type="checkbox"/>	8:45-11:45 AM

PRE-KINDERGARTEN: Recommended for children who are age **four** by the month of September, 2022

MWF	<input type="checkbox"/>	8:45-11:45 AM
M-F	<input type="checkbox"/>	8:45-11:45 AM

ALLERGIES:

Food:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list:
Non-Food:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list:

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

MEDICATIONS:

Please list medication(s) needed at school:

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

PLEASE COMPLETE THE FOLLOWING:

Names and Ages of Siblings

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Are there languages spoken at home in addition to English? If yes, please list:

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Please list any other schools/classes that your child attends.

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Please list any additional needs and/or personalized support your child might need in the classroom.

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Please describe your child's personality.

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- * All applications submitted for classroom placement are processed on a first-come, first-served basis.
- * Please refer to the payment schedule for the 2022-23 school year for registration deposit and tuition fees.
- * 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 the above stated policies.

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Please print name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date