



Children's Center Preschool

Los Altos United Methodist Church
655 Magdalena Avenue
Los Altos, CA 94024

Telephone: (650) 941-5411

Email: childrenscenterpreschool.org

ENROLLMENT APPLICATION - School Year 2025-26

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:	Gender:
<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
<input type="text"/>	<input type="text"/>	<input type="text"/>
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:	For children who are two by November, 2025
	2 Morning Option (TTH) <input type="checkbox"/> 8:45-11:45 AM
	3 Morning Option (MWF) <input type="checkbox"/> 8:45-11:45 AM
	5 Morning Option (M-F) <input type="checkbox"/> 8:45-11:45 AM
THREE YEARS OLD:	Recommended for children who are three by September, 2025
	3 Morning Option (MWF) <input type="checkbox"/> 8:45-11:45 AM
	5 Morning Option (M-F) <input type="checkbox"/> 8:45-11:45 AM
PRE-KINDERGARTEN:	Recommended for children who are four by September, 2025
	5 Morning Option (M-F) <input type="checkbox"/> 8:45-11:45 AM

ALLERGIES:

Food: Yes No

Non-Food: Yes No

If your child's allergy requires medication, please see the instructions below.

MEDICATIONS:

Please list medication(s) needed at school:

If your child needs medication(s) at school, we require you to complete a "Parent Consent for Administration of Medications" (LIC 9221) form available from the school office. Epi Pen's also require a "Food Allergy & Anaphylaxis Emergency Care Plan".

PLEASE COMPLETE THE FOLLOWING:

Names and Ages of Siblings:

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

Please list any other schools/classes that your child currently attends:

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

Please describe your child's personality:

*Applications are processed on a first-come, first-served basis.
*Payment Requirements: Full payment of the application fee, registration deposit and tuition fees are required for the 2025-26 school year, as per the Children's Center Payment Schedule.
*Refund Policy: Registration deposit and application fees are nonrefundable and nontransferable. Tuition is refundable upon withdrawal with 30 days' written notice to the Director, up until May 1st, 2026. Tuition will be pro-rated for the notice period, regardless of attendance.
In case of a school-wide shutdown (due to property damage, public health emergencies, or natural disasters), all fees (tuition, registration deposit, application fee) are nonrefundable and nontransferable.

My signature below confirms my agreement to the above stated policies.

Please print name of Parent/Guardian

Signature of Parent/Guardian

Date