

Telephone: (650) 941-5411
Email: <u>childrenscenterpreschool.org</u>

## **APPLICATION FORM - School Year 2026-27**

Child's Name:	Birthdate:	Gender:	
Home Address:	City:	Zip Code:	
Name-Mother/Parent/Guardian:	E-Mail:	Cell Phone:	
Name-Father/Parent/Guardian:	E-Mail:	Cell Phone:	
Please note: the above contact information will be shared with other class families			
LAUMC Church Member: Yes No	Returning Family: Yes No		
PROGRAMMING OPTIONS:			
TWO YEARS OLD: For children who are two by November, 2026			
	2 Morning Option (TTH)	8:45-11:45 AM	
	3 Morning Option (MWF)	8:45-11:45 AM	
	5 Morning Option (M-F)	8:45-11:45 AM	
THREE YEARS OLD: Recommended for children who are three by September, 2026			
111111111111111111111111111111111111111	3 Morning Option (MWF)	8:45-11:45 AM	
	5 Morning Option (M-F)	8:45-11:45 AM	
PRE-KINDERGARTEN: Recommended for children who are four by September, 2026			
	5 Morning Option (M-F)	8:45-11:45 AM	

ALLERGIES:			
Food: If Yes, please list:			
Yes No			
Non-Food: Yes If Yes, please list:			
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:			
What languages are spoken at home in addition to English?			
Please list any other schools/classes that your child previously attended or will concurrently attend:			
Please list any additional needs and/or personalized support your child might need in the classroom	m:		
Please briefly describe your child's personality:			
<ul> <li>Applications are processed on a first-come, first-served basis in the order they are received.</li> <li>Payment Requirements: Full payment of the application form fee, registration retainer and tuition fees are required the Children's Center Payment Schedule.</li> </ul>	for the 2026-27 school year, as per		
Refund Policy (strictly applied):  A Positive in a strict of a strict for a strict of	adadadan anainaaatan aa		
Registration retainer and application form fees are nonrefundable and nontransferable. These fees will not be refui including, but not limited to a change in family plans, scheduling conflicts, relocation, and withdrawal before or during be credited/transferred to another program, service, or school year, or to another sibling, child, or family.	•		
♦ Tuition is refundable upon withdrawal with 30 days' written notice to the Director, up until May 1st, 2027. 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 form fee) are nonrefundable and nontransferable.			
By signing below, I confirm that I have read, understood, and agree to abide by the terms of the refund policy outlined above			
Please print name of Parent/Guardian Signature of Parent/Guardian	Date		