



LAUMC Children's Center Preschool

655 Magdalena Avenue, Los Altos, CA 94024

(650) 941-5411, www.childrenscenterpreschool.org

For office use only

Date Rec. _____

1st SEMESTER ENROLLMENT APPLICATION - 9/15-12/15,2020-21

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 first and second choices.

TWO YEARS OLD:

Recommended for children who are **two** by Sept. 1st 2020

T/Th (8:45 - 11:45 AM)

M/W/F (8:45 - 11:45 AM)

M/W/F (8:45 - 11:45 AM)

THREE YEARS OLD:

Recommended for children who are **three** by Sept. 2020

M - F (8:45 - 11:45 AM)

PRE-KINDERGARTEN:

Recommended for children who are **four** by Sept. 2020

M/W/F (8:45 - 11:45 AM)

M - F (8:45 - 11:45 AM)

- Zoom/Take Home Packet Program for 3's and Pre-K has limited spaces, please contact the office for further information.

PICK-UP AUTHORIZATION

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

| Name | Relationship to child | Phone |
|------|-----------------------|-------|
| | | |
| | | |

NOTE: Please call the 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: _____

Children with allergies, parents must have a completed "Food Allergy" form on file in the school office.

MEDICATIONS:

Medications needed at school: _____

Children who require medications, parents must have a completed "Parent Consent for Administration of Medications" on file in the school office.

HEALTH INFORMATION & EMERGENCY CONSENT:

(Physician & Phone)

(Dentist & Phone)

List prior medical treatment/illnesses: _____

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 child. I give permission for LAUMC Children's Center to call 911 if such a need arises.

(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 special needs and/or personalized support your child may need in the classroom:

Please describe your child's personality: _____

The Application Fee of \$100.00 is non-refundable/non-transferable, and applies to the 2020-21 school year only. Please refer to the Payment Schedule for 2nd Semester registration fees, registration refund information and tuition due dates. Tuition for both, In-Person and Distance Learning is non-refundable and non-transferable. In the case of a school wide shut down, due to property damage, a public health emergency, or a natural disaster, tuition will not be refunded.

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

(Print Parent's Name)

(Parent's Signature)

(Date)