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

For office use only

Date Rec. _____

ENROLLMENT APPLICATION – 2ND SEMESTER

January 4th – June 8th 2021

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

_____
Email

_____
Cell Phone

LAUMC Church Member: YES ☐ NO ☐

_____
Name - Father/Parent/Guardian

_____
Email

_____
Cell Phone

Are you a returning family: YES ☐ NO ☐

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

TWO YEARS OLD – IN-PERSON: Recommended for children who are **two** by Sept. 1st 2020	☐ ☐	TTh (8:45 - 11:45 AM) MWF (8:45 - 11:45 AM)
THREE YEARS OLD – IN-PERSON: Recommended for children who are **three** by Sept. 1st 2020	☐ ☐ ☐	TTh (8:45 -11:45 AM) MWF (8:45 - 11:45 AM M-F (8:45 - 11:45 AM)
PRE-KINDERGARTEN – IN-PERSON: Recommended for children who are **four** by Sept. 2020	☐ ☐	MWF (8:45 - 11:45 AM) M-F (8:45 - 11:45 AM)
PRE-KINDERGARTEN – ZOOM/TAKE HOME PACKET PROGRAM	☐	MWF (1:15 - 2:00 PM)
THREE YEAR OLD – ZOOM/TAKE HOME PACKET PROGRAM	☐	TTh (1:15 - 2:00 PM)

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" for 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 in-person classroom or distance learning placement are processed on a first-come-first-serve basis.
- Please refer to the payment schedule for 2nd Semester for registration and tuition fees, due dates and refund information.
- In the case of a school shut down, due to property damage, a public healthy 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)