



LAUMC Children's Center Preschool

655 Magdalena Ave. Los Altos, CA. 94024 650.941.5411

For office use only

Date Rec. _____

LAUMC Members _____

ENROLLMENT APPLICATION 2018-19

***Please note – This information will be included in the class lists.**

Child's Name _____ Birthdate _____ Male /Female _____

Home Address _____ City _____ Zip Code _____

(Mother/Parent/Guardian)

(Father/Parent/Guardian)

(Email)

(Email)

(Cell Phone)

(Cell Phone)

Are you a returning family? Please list children who have attended and when _____

Please indicate the class you are registering for. If more than one choice works for you, indicate first and second choice.

TWO YEARS OLD:

T/ TH _____ (8:45 – 11:45)

Child must be two by Sept 1, 2018

THREE YEARS OLD:

T/ TH _____ (8:45 – 11:45)

Recommended for children
who are three by Sept 2018

M/W/F _____ (8:45 – 11:45)

M – F _____ (8:45 – 11:45)

PRE-KINDERGARTEN:

M/W/F _____ (8:45 – 11:45)

Recommended for children
who are four by Sept 2018

M – F _____ (8:45 – 11:45)

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

(Name) (Relationship to child) (Phone)

(Name) (Relationship to child) (Phone)

ALLERGIES:

Food _____ Non- Food _____

Medications needed at school _____

(Children with an EPI-PEN at school must have a completed **Food Allergy Action Plan** form on file in school office.)

EMERGENCY CONTACTS REQUIRED: (List two people other than mother and father that live or work within a 10 minute drive of the school. They WILL be called if your child becomes ill and parents are not reachable by phone.)

(Name) (Relationship to child) (Phone)

(Name) (Relationship to child) (Phone)

PLEASE COMPLETE THE FOLLOWING:

Names and ages of siblings: _____

Does child understand and speak English? _____ Other languages spoken in the home: _____

Is child toilet trained? _____

List any other schools/ classes that your child attends: _____

Does your child have any special needs/ fears? _____

Please describe your child's personality: _____

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 need arises.

(Parent's signature)

(Date)

- All applications submitted for classroom placement and or wait list placement must include a check for \$100. This Application Fee is non-refundable and is applicable only to the school year applied for. Submitting an application and application fee does NOT guarantee placement in a class.
- The Registration Fee, equal to 20% of the annual tuition is due upon placement and is non- refundable. The registration fee is applied to the final period of tuition - 4/8/19 - 6/6/19.
- Tuition is based on the annual fee and collected as follows - 20% at registration, 40% due July 1, 2018, and 40% due Feb 1, 2019.
- All classes are contingent upon sufficient enrollment. Two weeks' notice is required for withdrawal. Tuition will be charged for that period.

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

(Print Name)

(Parent's Signature)

(Date)

I authorize the use of my child's photos for the Children's Center Website - No names will be used.

(Parent's Signature)