| For Office Use Only: |  |
|----------------------|--|
| Date Rec:            |  |

## **LAUMC Children's Center Preschool**

655 Magdalena Avenue, Los Altos CA 94024 (650) 941-5411 <a href="https://www.childrenscenterpreschool.org">www.childrenscenterpreschool.org</a>

## **ENROLLMENT APPLICATION**

September 2023 - June 2024

| Tease Note. This contact information will be shared   |                                       |                                |  |  |  |  |  |
|---|---------------------------------------|--------------------------------|--|--|--|--|--|
|   |                                       |                                |  |  |  |  |  |
| Child's Name:   | Birthdate:                            | Male/Female:                   |  |  |  |  |  |
|   |                                       |                                |  |  |  |  |  |
| Home Address:   | City:                                 | Zip Code:                      |  |  |  |  |  |
| Name-Mother/Parent/Guardian:  | E-Mail                                | Cell Phone                     |  |  |  |  |  |
|   |                                       |                                |  |  |  |  |  |
| Name-Father/Parent/Guardian:  | E-Mail                                | Cell Phone                     |  |  |  |  |  |
| LAUMC Church Member: Yes No   | Returning Family: Yes No              |                                |  |  |  |  |  |
| PROGRAMMING OPTIONS   |                                       |                                |  |  |  |  |  |
| TWO YEARS OLD: Recommended for children who are age two by September 1st, 2023              |                                       |                                |  |  |  |  |  |
|   | 8:45-11:45 AM                         |                                |  |  |  |  |  |
|   | 8:45-11:45 AM                         |                                |  |  |  |  |  |
|   | 8:45-11:45 AM                         |                                |  |  |  |  |  |
|   | 5 Day Option (M-F)                    | 8:45-11:45 AM                  |  |  |  |  |  |
| THREE YEARS OLD: Recommended for children who are age three by the month of September, 2023 |                                       |                                |  |  |  |  |  |
|   |                                       |                                |  |  |  |  |  |
|   | 3 Day Option (MWF) 5 Day Option (M-F) | 8:45-11:45 AM<br>8:45-11:45 AM |  |  |  |  |  |
| PRE-KINDERGARTEN: Recommended for children who are age four by the month of September, 2023 |                                       |                                |  |  |  |  |  |

| ALLERGIES:            |   |     |    |                      |  |  |
|-----------------------|---|-----|----|----------------------|--|--|
|                       | Food:   |     |    | If Yes, please list: |  |  |
| 1                     |   | Yes | No |                      |  |  |
| 1                     | Non-Food:   |     |    | If Yes, please list: |  |  |
| 1                     |   | Yes | No |                      |  |  |
| If your child's aller | If vour child's alleray requires medication, please see the instructions below. |     |    |                      |  |  |

MWF

M-F

8:45-11:45 AM

8:45-11:45 AM

| •   |  | •    |  |  |  |  |  |
|---|--|------|--|--|--|--|--|
| 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 attend  | s.   |      |  |  |  |  |  |
| Please list any additional needs and/or personalized suppo  | ort your child might need in the classroom.    |      |  |  |  |  |  |
| Please describe your child's personality.   |  |      |  |  |  |  |  |
| * All applications submitted for classroom placement are p  | processed on a first-come. first-served basis. |      |  |  |  |  |  |
| * Please refer to the payment schedule for the 2023-24 school year for registration deposit and tuition fees.   |  |      |  |  |  |  |  |
| * In the case of a school closure (due to property damage, Registration Deposit and/or Tuition are non-refundable a   |  | he   |  |  |  |  |  |
| My signature below will confirm my agreement to the above stated policies.  |  |      |  |  |  |  |  |
| , 3   | , ,  |      |  |  |  |  |  |
| Please print name of Parent or Legal Guardian   | Signature of Parent or Legal Guardian          | Date |  |  |  |  |  |