



Children's Center Preschool

Los Altos United Methodist Church
655 Magdalena Avenue
Los Altos, CA 94024

Telephone: (650) 941-5411

Email: childrenscenterpreschool.org

ENROLLMENT APPLICATION - School Year 2024-25

Please note: this contact information will be shared with other class families.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name:	Birthdate:	Gender:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	City:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name-Mother/Parent/Guardian:	E-Mail	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name-Father/Parent/Guardian:	E-Mail	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
LAUMC Church Member:	<input type="text"/>	Returning Family:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes	No	Yes
		No

PROGRAMMING OPTIONS:

TWO YEARS OLD:	For children who are two by November 1st, 2024
	2 Day Option (TTH) <input type="text"/>
	8:45-11:45 AM
	3 Day Option (MWF) <input type="text"/>
	8:45-11:45 AM
	5 Day Option (M-F) <input type="text"/>
	8:45-11:45 AM

THREE YEARS OLD:	Recommended for children who are three by September, 2024
	3 Day Option (MWF) <input type="text"/>
	8:45-11:45 AM
	5 Day Option (M-F) <input type="text"/>
	8:45-11:45 AM

PRE-KINDERGARTEN:	Recommended for children who are four by September, 2024
	MWF <input type="text"/>
	8:45-11:45 AM
	M-F <input type="text"/>
	8:45-11:45 AM

ALLERGIES:

Food:	<input type="text"/>	<input type="text"/>	If Yes, please list:
	Yes	No	

Non-Food:

Yes

No

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

Are there languages spoken at home in addition to English? If yes, please list:

Please list any other schools/classes that your child currently attends.

Please list any additional needs and/or personalized support your child might need in the classroom.

Please describe your child's personality.

- * All applications submitted for classroom placement are processed on a first-come, first-served basis.
- * Please refer to the payment schedule for the 2024-25 school year for registration deposit and tuition fees.
- * In the case of a school closure due to property damage, or a public health emergency, or a natural disaster the Registration Deposit and/or Tuition are non-refundable and non-transferable.

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

Please print name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date