



Preschool Application

For Office Use Only
Date Received _____
Reg. Received _____

Child's Name _____

Birthdate _____ Sex _____

Address _____
Street City Zip

Your e-mail address will be included on a class roster.

E-Mail: Mother: _____ Father: _____

I would like my child enrolled in the following program:

Morning Preschool
8:45 – 12:15

Preschool / Afternoon Care
8:45 – 3:00

Full Day
7:00 – 6:00

_____ T/Th

_____ T/Th

_____ T/Th

_____ M/W/F

_____ M/W/F

_____ M/W/F

_____ M-F

_____ M-F

_____ M-F

FAMILY INFORMATION

Father's Name _____

Home Address _____

Occupation _____ Place of Employment _____

Business Address _____ Bus. Phone () _____

Home Phone () _____ Cell Phone () _____

Father's Church Affiliation _____ Hobby or Interests _____

Mother's Name _____

Home Address _____

Occupation _____ Place of Employment _____

Business Address _____ Bus. Phone () _____

Home Phone () _____ Cell Phone () _____

Mother's Church Affiliation _____ Hobby or Interests _____

CHILD INFORMATION

Other people living in household _____

Language spoken in the home? _____

Does the child have any speech troubles? _____

Does the child need help in dressing? _____ Undressing? _____

Washing Hands? _____ Toilet? _____ Eating? _____

Has the child had group play experience? _____

Is there any particular difficulty to be watched for by the child's teacher?

CHURCH INFORMATION

Current Church _____

What do you want your child taught about God? _____

SCHOOL POLICY INFORMATION

How did you hear about us? _____

Please state your primary reason for desiring to send your child to Los Altos Brethren Preschool.

Los Altos Brethren Preschool admits students of any race, color, and national or ethnic origin.
I understand that my cooperation is expected in regular, prompt tuition payments.
I agree to support the policies of the preschool.

Signed _____ Date _____

This application must be returned with the yearly, non-refundable registration fee to secure placement in a classroom.