

Los Altos Brethren Preschool

6565 Stearns Street, Long Beach, CA 90815 562-430-6813 www.LosAltosPreschool.org Application for Enrollment

Birthdate (must be 3 by Dec. 1 st)			Sex	
Address				
AddressEmail Address	Street	City	Zip	
		Mobile Phone ()		
FAMILY INFORMA	TION			
	Both Parents Mother Father	Mother/StepfatherFather/StepmotherOther (please explain)		
Father's Name				
Home Address				
Occupation	P	lace of Employment		
Business Address				
		Business Phone ()		
Father's Church Affi	liation	Hobby or Interests		
Mother's Name				
Occupation	P	Place of Employment		
Business Address				
		_ Business Phone ()		
Mother's Church Aff	iliation	Hobby or Interests		
		iving in Household:		

CHILD INFORMATION

Language spoken in the home:		
At what age did the child begin to walk?	Talk?	
Does the child have any speech troubles? Expla	in	
Which hand did the child use first?		
Does the child need help in dressing?		
Washing hands?	Toilet?	
Eating?		
Has the child had group play experience?		
Indicate here any particular difficulty to	be watched for by child's teacher:	
SCHEDULING		
Check Desired Days: Mon: Tues: V	Wed: Thrs: Fri:	
Check Desired Hours: All Day: Half I	Day (9-11:45am):	
PRESCHOOL POLICY INFORMATION		
Please state your primary reason for desiring to	send your child to Los Altos	
Brethren Preschool:		
Los Altos Brethren Preschool admits students origin.	of any race, color, and national or ethnic	
☐ I understand that my cooperation is expected ☐ I agree to support the policies of the presch		
Any additional information not specifically asked	ed for which you think we should know?	