



# 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.**