

LOS ALTOS CHRISTIAN PRESCHOOL

625 Magdalena Ave., Los Altos, CA 94024

(650) 948-3738 Fax (650) 949-6092

APPLICATION FOR ADMISSION

This application must be accompanied by a \$50.00, non-refundable, application fee.

Student's Name Last First Middle Nickname Male Female

Address Number and Street City Zip Code Phone ()

Date of Birth Age E-mail Address

Last School Attended Address

Other Schools Attended

Name of Father Occupation

Address of Father (if different from student)

Place of Employment Address Phone ()

Name of Mother Occupation

Address of Mother (if different from student)

Place of Employment Address Phone ()

Pupil Living with: Mother and Father Mother Father Guardian Other

Brothers Ages Attend LACS

Sisters Ages Attend LACS

Church Member: Yes No Attend church regularly? Yes No Denominational Preference:

Church Address

Please state child's special interests, skills or hobbies

Allergies? Special Medications?

Difficulties your child may have had in school: Behavior Physical Problems Other

Explain:

Does your child have any special fears? Explain:

Explain why you wish your child to attend our school:

How did you learn about Los Altos Christian Preschool?

Name and address of person responsible for account:

(over)

Desired start date: _____

Program interested in:

2011/2012 program

2012/2013 program

Age	<input type="checkbox"/> 2's	<input type="checkbox"/> 3's	<input type="checkbox"/> 4's
Program	<input type="checkbox"/> A.M. program 8:30am - Noon	<input type="checkbox"/> A.M. + Enrichment 8:30am – 3pm	<input type="checkbox"/> Full Day, 8:30—6pm
Days of the Week	<input type="checkbox"/> T/TH	<input type="checkbox"/> M/W/F	<input type="checkbox"/> Monday—Friday

COMMITMENTS

- We understand that returning this application does NOT guarantee my child a placement in Los Altos Christian Preschool, but it will put my child's name on the waiting list until space becomes available during the school year for which I have applied.
- We understand that the standards of Los Altos Christian Preschool do not tolerate profanity, obscenity in word or action, disrespect to personal or school property, or disrespect to the personnel of the school.
- If a problem arises with our child within the School, we understand that our child may be placed on probation as stated in the LACP Parent Handbook.
- We understand that all classes are contingent upon sufficient enrollment and staffing.

Signature of Father or Guardian _____ Date _____

Signature of Mother or Guardian _____ Date _____

LACP requires that all students be covered under medical insurance. If you do not have medical coverage for your child and need assistance in this area, please contact the director's office for information.

Name of Medical Insurance Carrier _____ Policy Number _____

Los Altos Christian Preschool does not discriminate on the basis of race, color, national or ethnic origin in its educational policies or school-administered programs.