

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 _____ Male Female
Last First Middle Nickname
Address _____ Phone (____) _____
Number and Street City Zip Code
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: _____

(over)

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: _____

Program interested in:

Class	<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
Extended Morning Care Option	<input type="checkbox"/> 7:30—8:30am		

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.