

For Office Use Only

Date Received: _____ by _____ DOB: ____/____/____ Grade: _____ Requested Start Date: _____

Non-refundable Application Fee \$ _____ Payment Received by: _____ Check # _____ Cash _____ CC _____

New/Existing Family Entered P/C by: _____

Notes: _____



APPLICATION FOR ADMISSION

13514 Olive Drive * P.O. Box 634 * Whittier, CA 90608
(562) 907-4250 • Fax (562) 907-4960

Print clearly and return with \$140.00 non-refundable application fee.
Attach a copy of the most current report card for 1st – 8th grade applications.
Child's name cannot be added to the waiting list until the application has been processed.

CHILD'S LEGAL NAME: Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Male Female Nickname, if any: _____

Parent/Guardian Name: _____ Cell Phone: (____) _____

Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Approximate % of time child lives at this address: _____

Parent/Guardian Specific Occupation: _____ Business Phone: (____) _____

Parent/Guardian Employer: _____

Parent/Guardian Business Address: _____

Parent/Guardian E-mail Address (Required): _____

Parent/Guardian Name: _____ Cell Phone: (____) _____

Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Approximate % of time child lives at this address: _____

Parent/Guardian Specific Occupation: _____ Business Phone: (____) _____

Parent/Guardian Employer: _____

Parent/Guardian Business Address: _____

Parent/Guardian E-mail Address (Required): _____

Name(s) of brother(s) and sister(s):	Age(s):	Lives with applicant child's:		
		Mother(s)	Father(s)	Both
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applying for preschool or kindergarten, has s/he attended preschool before? Yes No

If so, which one/s? _____

If so, what preschool/daycare does s/he currently attend? _____

If applying for preschool or kindergarten and s/he has *not* attended preschool, who has taken care of the child during the day? _____

If applying for elementary/middle school, please attach the child's most recent report card and name all schools the child has previously attended, starting with the most recent:

School(s):	Location(s):	Dates of attendance:
_____	_____	_____
_____	_____	_____

Is child on medication? Yes No If yes, what medication and why? _____

Does child have any special needs or disabilities? Yes No If yes, please describe in detail: _____

Does child have a 504 Plan Individualized Education Plan (IEP) If yes, please describe in detail: _____

Is child receiving any outside services (such as speech therapy, physical therapy, occupational therapy, psychiatric services, counseling, tutoring, etc.)? Yes No If yes, please describe in detail: _____

PROGRAM PREFERENCES

Preferred Start: ASAP 20____ Summer Program 20____ School Year

PRESCHOOL: May begin at 2 1/2 years of age and potty trained. Non-refundable Application Fee: \$140.00

Half-Day Program (9:15 a.m. - 12:15 p.m.) Full-Day Program (9:15 a.m. - 4:30 p.m.)

How many days per week do you prefer? 2 (T-Th) 3 (M-W-F) 5 (M-T-W-Th-F)

Indicate whether you can be flexible about the days and times of preschool enrollment: Yes No

ELEMENTARY GRADES: K 1* 2* 3* 4* 5* 6* 7* 8* Non-refundable Application Fee: \$140.00

Kindergarten (9:00 a.m. - 2:45 p.m.)

1st - 8th Grade (8:30 a.m. - 3:30 p.m.) - varies by grade level

Extended School Day: Kindergarten (2:45 p.m. - 4:30 p.m.) 1st - 8th Grade (3:00 p.m. - 4:30 p.m.) -varies by grade level

How many days per week? 1 2 3 4 5

Which days per week? Monday Tuesday Wednesday Thursday Friday

SUMMER ONLY: Kindergarten through 9th grade Non-refundable Application Fee: \$100.00

K - 9th Grade - **Must request a separate Summer Only application packet.**

SURROUND CARE OPTIONS: Surround Care is contracted time in addition to regular program offerings listed above. Surround Care is contracted in half-hour increments. Check the program(s) you expect to use:

Pre A.M. Surround Care (8:15 a.m. - 9:15 a.m.)

K-8 A.M. Surround Care (7:15 a.m. - 9:00 a.m.) K-8 P.M. Surround Care (4:30 p.m. - 5:00 p.m.)

Indicate anticipated times of arrival _____ : _____ and departure _____ : _____

I understand that enrolled children and their parents are expected to follow all school policies and guidelines.

Signature of Parent or Guardian

Date of Application

Signature of Parent or Guardian (optional unless required by court or other authority)

Date of Application