

La Costa Valley Preschool & Kindergarten

Locally Founded in 1990 & Nationally Accredited & Recognized for Excellence



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Preschool & Kindergarten Preparatory Enrollment Application

Child's Name: _____ Date of Birth: _____ Age: _____
Parent: _____ Parent: _____
Address: _____ Address: _____
Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____
Work Phone: _____ Work Phone: _____
Email Address: _____ Email Address: _____

Requested Start Date: _____

Please Check Desired Program Session & Weekly Schedule:

(Please also complete reverse side of this page)

Half Day Preschool / Kindergarten Preparatory (8:30am - 12:00pm)

Please list a *first choice and second choice* weekly schedule for your desired Half Day Program:

_____ 2 Days: Tuesday and Thursday
_____ 3 Days: Monday, Wednesday, and Friday
_____ 4-5 Days: Monday through Friday

Customized Full Day Preschool / Kindergarten Preparatory (7:00am - 6:00pm)

Please list a *first choice and second choice* weekly schedule for your desired Full Day Program:

_____ 2 Days: Tuesday and Thursday
_____ 3 Days: Monday, Wednesday, and Friday
_____ 4-5 Days: Monday through Friday

Please list your Full Day Program customized hours for your choices listed above:

Monday: _____ am – _____ pm
Tuesday: _____ am – _____ pm
Wednesday: _____ am – _____ pm
Thursday: _____ am – _____ pm
Friday: _____ am – _____ pm

Please answer the following questions and provide specific information and examples as appropriate.

1. Please list your child's preschool or other group experience including dates of attendance, school's name, type of program and any other pertinent information.
2. Why are you interested in enrolling your child?
3. Why do you feel your child would excel in this program? Please explain and give examples.
4. What preschool activities does your child enjoy most?
5. What home activities does your child enjoy most?
6. Can your child follow directions?
7. Does your child like puzzles, Legos, hidden picture books, blocks? Explain.
8. Please explain your observation of your child's listening skills in one-on-one and group situations.
9. Please provide us with a glimpse of how you view your child's personality and interests.
10. Is there anything else you would like to share about your child's interests and needs?

I, _____ parent of _____ am applying for
membership in La Costa Valley Preschool & Kindergarten programs for children demonstrating
preschool and academic readiness.

Signature _____ Date _____