

La Costa Valley

Preschool & Kindergarten

Accredited By The National Academy Of Early Childhood Programs

Educating Young Minds Since 1991

o 2276 Calle Barcelona o Carlsbad, CA 92009 o Phone: 760.436.2797 o FAX: 760.436.3613

KINDERGARTEN ENROLLMENT APPLICATION

Child's Name _____

Date of Birth _____ Age _____

Parent's Name _____

Parent's Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Hm Phone _____ Cell _____

Hm Phone _____ Cell _____

Wk Phone _____

Wk Phone _____

Email Address: _____

Email Address: _____

I would like to receive LCVPS&K Newsletters

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APPLYING FOR:

_____ **2 Year early entry program**

_____ **Kindergarten**

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. A commitment to arriving on time for sessions and participation in "at home" activities is an integral part of this program. At home activities are not excessive, yet help facilitate ongoing learning. Is this acceptable to you?
11. Please feel free to add any additional thoughts about your child.

I, _____ parent of _____ am applying for membership in LCVPS&K academic kindergarten program for youngsters demonstrating social and academic readiness.

Signature _____ Date _____