

La Costa Valley Preschool & Kindergarten

Locally Founded in 1990 & Nationally Accredited & Recognized for Excellence



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Preschool & Kindergarten Preparatory (TK) Enrollment Application

Application fee of \$25 (cash/check) due at time of submission

Child's Name: _____

Date of Birth: _____ Age: _____

Parent: _____

Parent: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Parent who will oversee billing payments (designate only one please): _____

Please Check Desired Program Session & Weekly Schedule:

Preferred Start Date: ____/____/____

(Please also complete reverse side of this page)

Half Day Preschool / Kindergarten Preparatory (TK) (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 (TK) (7:45am - 5:15pm)

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, reason for departure, 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/home activities does your child enjoy most?
5. Does your child currently nap? If so, please explain their nap routine and length of nap time.
6. How well does your child follow directions?
7. Has your child ever consistently hit/bitten other children? Have they grown out of this behavior? If your child has not yet grown out of this phase, how do you mitigate occurrences or respond after an incident?
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. Our program does not have a medical professional on-site to administer routine medications (e.g. antibiotics, inhaler, fever reducers, etc.)at any time. Staff have CPR & First Aid training but cannot administer routine medications. Is this acceptable for your child's attendance? **Yes/No**

Prescribed life-saving emergency medications (e.g. EpiPen) can be administered in life-threatening situations. If your child has an emergency medication, additional documentation is required upon enrollment. Is this acceptable for your child's attendance? **Yes/No/NA**

I, _____ parent of _____ am applying for their enrollment in La Costa Valley Preschool & Kindergarten programs for children demonstrating preschool and academic readiness. I have provided a payment of \$25 for my application fee and understand this fee is non-refundable for any reason and is valid for one year from the date my application is received.

Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____ Application Fee: Cash or Check CK#: _____ Staff Initials _____