

La Costa Valley Preschool & Kindergarten

A California Department of Education Private Elementary School
Locally Founded in 1990 & Nationally Accredited & Recognized for Excellence



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Kindergarten & Early Entry Kindergarten Academy

Enrollment Application

Application Fee of \$25 (cash/check) due at time of submission (waived for currently enrolled families)

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 one only please): _____

Please Check Desired Program(s):

_____ Kindergarten _____ Before & After School

If your child is not currently enrolled in our school, please answer the following questions and provide specific information and examples as appropriate. If your child is currently enrolled please skip ahead and complete the bottom portion of the next page:

1. Please list your child's preschool or other group experience including dates of attendance, school 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 our program? Please explain and give examples.
4. What school activities does your child enjoy most?

5. What home activities does your child enjoy most?

6. How well does your child follow directions?

7. Does your child do well with taking turns and sharing with peers?

8. Please explain your observations 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 LCVPK's Kindergarten & TK Academy for children demonstrating social 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 (waived for currently enrolled families).

Signature: _____ Date: _____

OFFICE USE ONLY

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