

# Application for PRE-K

## School Year 2020 - 2021

### New Student

(Student must be 4 years old by Sept. 1, 2020)



**KIRK O' THE VALLEY**

~ A SCHOOL COMMUNITY SINCE 1961 ~

▶ STUDENT \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

▶ PARENT/GUARDIAN 1 \_\_\_\_\_ SSN \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

▶ PARENT/GUARDIAN 2 \_\_\_\_\_ SSN \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

(The following two questions are required by the State of California-Department of Health, Immunization Branch)

Place of Birth \_\_\_\_\_

Race/Ethnicity  White, not Hispanic  Hispanic  Black  Other: \_\_\_\_\_

MAILING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please indicate if parents have different addresses

**THE SCHOOL YEAR WILL START MONDAY, AUGUST 24, 2020**

### MONTHLY TUITION

3 DAYS 9:00AM - 1:00PM \$590  FULL DAY 8:00AM - 4:00PM \$765

4 DAYS 9:00AM - 1:00PM \$740  FULL DAY 8:00AM - 4:00PM \$915

5 DAYS 9:00AM - 1:00PM \$890  FULL DAY 8:00AM - 4:00PM \$1065

*Extended hours are subject to change due to COVID-19 restrictions*

REGISTRATION & MATERIALS FEE: \$250.00 (non-refundable) - Includes Classroom consumables, sanitizing materials, new hygiene protocol, and yearbook.  
DUE JULY 1, 2020

*Parents assume responsibility for full payment of winter and spring breaks, and any other legal holidays. Childcare is provided during these breaks at an additional cost, conditions permitting due to COVID-19.*

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_ →



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***For New Students***

In order for us to become acquainted with you and your child, we would appreciate if you would take a few moments to answer **ALL** of the questions as completely as possible. Please let us know if any of your answers are related to changes in your child due to the quarantine

1. How did you hear about Kirk O' The Valley School? \_\_\_\_\_  
\_\_\_\_\_
2. What other school(s) did you review? \_\_\_\_\_  
\_\_\_\_\_
3. What influenced your decision to apply to Kirk O' The Valley? \_\_\_\_\_  
\_\_\_\_\_
4. Has your child ever been involved with a playgroup or preschool? \_\_\_\_\_ Name of school and date of attendance \_\_\_\_\_  
Please describe the experience \_\_\_\_\_
5. Child's favorite activities, likes, dislikes, fears, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What language is spoken at home? \_\_\_\_\_
7. Describe the general temperament of your child (outgoing, shy, etc.) \_\_\_\_\_  
\_\_\_\_\_
8. What are your child's food likes or dislikes? \_\_\_\_\_
9. Does your child have allergies? \_\_\_\_\_
10. Has your child had any health concerns, major illness or injuries? \_\_\_\_\_  
\_\_\_\_\_
11. Was your child premature? If yes, how many months \_\_\_\_\_
12. Are there any recent major family changes? \_\_\_\_\_
13. In what way can we help your child this year? \_\_\_\_\_  
\_\_\_\_\_
14. Is your child potty trained? \_\_\_\_\_
15. Please list the names and ages of the child's siblings \_\_\_\_\_  
\_\_\_\_\_

~THANK YOU FOR ENTRUSTING YOUR CHILD'S EDUCATIONAL JOURNEY TO KIRK~

19620 Vanowen Street ~ Reseda, CA 91335 ~ 818-344-1242 ~ FAX 818-881-4217 ~ [www.kirkschool.org](http://www.kirkschool.org)