## **Application for PRE-K**

School Year 2022 - 2023 New Student (Student must be 4 years old by Sept. 1, 2022)



► STUDE	NT			MaleFemale	Date of Birth	
► PAREN	T/GUARDIAN 1				SSN	
Occupa	tion				Employer	
Home #	()	W	ork# (	_)	Cell # (	<u>)</u>
Email a	ddress					
► PAREN	T/GUARDIAN 2				SSN	
Occupa	tion				Employer	
Home #	()	W	ork# (	_)	Cell # (	)
Email a	ddress					
(The following)	lowing two questions are re	equired by th	ne State of Cal	lifornia-Department	of Health, Immunization I	Branch)
Place of	Birth					
Race/Et	hnicity  White, not His	panic $\square_{\mathrm{H}}$	ispanic 🏻 Bl	ack Other:		
MAILING A	ADDRESS: Street					
	City				Zip Code	
	Please indica	ate if parent	s have differe	ent addresses		
	The school year will	begin on 1	Monday, A	ugust 22, 2022 a	and end Thursday, Ju	ine 8, 2023
			MONTHI	LY TUITION		
	FO	R OFFICE	USE ONLY	: DATE RECEIV	ED	
3 DAYS	9:00am - 1:00pm	\$650		FULL DAY	7:00ам - 6:00рм	\$840
4 DAYS	9:00ам - 1:00рм	\$815		FULL DAY	7:00ам - 6:00рм	\$1010
5 DAYS	9:00ам - 1:00рм	\$980		FULL DAY	7:00ам - 6:00рм	\$1175
	Extended 1	hours are	subject to c	change due to Co	OVID-19 restrictions.	
REGISTRATION & MATERIALS FEE: DUE WITH APPLICATION			\$250.00 (non-refundable) - Includes Classroom consumables, sanitizing materials, new hygiene protocol, and yearbook.			
:	_	uring these	breaks at an d	additional cost, con	breaks, and any other lego ditions permitting due to ( xposures, outbreaks or	COVID-19.
Parent's S	lignature				Date:	<b>→</b>



## 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 pandemic quarantine

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