Application for PRESCHOOL

School Year 2022-2023 New Student



FOR OFFICE USE ONLY: DATE RECEIVED ~ A SCHOOL COMMUNITY SINCE 1961 ~ STUDENT______ Male Female Date of Birth____ PARENT/GUARDIAN 1 Occupation Employer____ Email address _____ PARENT/GUARDIAN 2_____ SSN_____ 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_____ Zip Code____ Please indicate if parents have different addresses The school year will begin on Monday, August 22, 2022 and end Thursday, June 8, 2023 **MONTHLY TUITION** 2 DAYS 9:00AM - 1:00PM \$485 FULL DAY 7:00AM - 6:00PM \$675 3 DAYS 9:00AM - 1:00PM \$650 FULL DAY 7:00am - 6:00pm \$840 4 DAYS 9:00AM - 1:00PM \$815 FULL DAY 7:00AM - 6:00PM \$1010 5 DAYS 9:00AM - 1:00PM \$980 FULL DAY 7:00am - 6:00pm \$1175 Extended hours are subject to change due to COVID-19 restrictions. **REGISTRATION & MATERIALS FEE:** \$250.00 (non-refundable) - Includes Classroom consumables, sanitizing **DUE WITH APPLICATION** materials, new hygiene protocol, and yearbook. 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. There will be no refunds for school closures due to COVID-19 exposures, outbreaks or quarantines. Parent's Signature_____



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.

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?
	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?
11.	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?
14	Is your child potty trained?
	Please list the names and ages of the child's siblings