

Application for PRESCHOOL

School Year 2023-2024

New Student



KIRK O' THE VALLEY

~ A SCHOOL COMMUNITY SINCE 1961 ~

FOR OFFICE USE ONLY: DATE RECEIVED _____

▶ 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 begin on Monday, August 21, 2023 and end Thursday, June 6, 2024

MONTHLY TUITION

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2 DAYS 9:00AM - 1:00PM \$510 FULL DAY 7:00AM - 6:00PM \$710

3 DAYS 9:00AM - 1:00PM \$685 FULL DAY 7:00AM - 6:00PM \$885

4 DAYS 9:00AM - 1:00PM \$855 FULL DAY 7:00AM - 6:00PM \$1055

5 DAYS 9:00AM - 1:00PM \$1030 FULL DAY 7:00AM - 6:00PM \$1230

REGISTRATION & MATERIALS FEE: \$250.00 (non-refundable) - Includes Classroom consumables, cooking fee and yearbook.
DUE WITH APPLICATION

*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 _____

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 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? _____
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~

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