Tot Center ApplicationSchool Year 2023-2024

Age limitations may apply

FOR OFFICE USE ONLY: DATE RECEIVED	



► STUDE	NT			MaleFemale	Date of Birth		
► PARENT/GUARDIAN 1					SSN		
Occupa	tion				Employer		
Home #	()	W	ork# <u>(</u>		Cell # (_)	
Email a	ddress						
► PAREN	T/GUARDIAN 2				SSN		
Occupa	tion				Employer		
Home #	<u>()</u>	W	ork# <u>(</u>)	Cell # (_)	
Email a	ddress						
(The fol	lowing two questions are re	quired by th	e State of C	alifornia-Department	of Health, Immunization l	Branch)	
Place of	Birth						
Race/Et	hnicity 🗆 White, not I	Iispanic 🗆	Hispanic	□ Black □ O	ther:		
► MAILIN	NG ADDRESS: Street						
					Zip Code		
				ve different addresse	-		
7	The school year will be	·	-			ne 6, 2024	
			MONTH	ILY TUITION			
2 DAYS	9:00ам - 1:00рм	\$545		FULL DAY	7:00ам - 6:00рм	\$745	
3 DAYS	9:00am-1:00pm	\$720		FULL DAY	7:00ам - 6:00рм	\$920	
4 DAYS	9:00ам - 1:00рм	\$860		FULL DAY	7:00ам - 6:00рм	\$1060	
5 DAYS	9:00ам - 1:00рм	\$1040		FULL DAY	7:00ам - 6:00рм	\$1240	
REGISTRA	TION & MATERIALS F	EE:	\$250.00 (I	· ·	cludes Classroom consumarbook.	ables, cookin	g fee, and
T	Parents assume responsil Childcare is provided dun here will be no refunds j	ing these br	eaks at an d	additional cost, condi	itions permitting due to Co	OVID-19.	
Parent's Si	gnature				Date:		<u>→</u>

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 indicate if 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.
	What language(s) are spoken at home?
	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
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~