

# Tot Center Application School Year 2024-2025

Age limitations may apply



▶ 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 19, 2024 and end Thursday, June 12, 2025

### MONTHLY TUITION

2 DAYS	9:00AM - 1:00PM	\$580	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$780	<input type="checkbox"/>
3 DAYS	9:00AM - 1:00PM	\$785	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$985	<input type="checkbox"/>
4 DAYS	9:00AM - 1:00PM	\$930	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$1130	<input type="checkbox"/>
5 DAYS	9:00AM - 1:00PM	\$1090	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$1290	<input type="checkbox"/>

*Extended hours are available on an as needed basis from 7:00am-9:00am and from 1:00pm-6:00pm at \$8.00 per hour*

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

*Parents assume responsibility for full payment of winter and spring breaks, and any other legal holidays.*

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

Date: \_\_\_\_\_ →

## *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.

1. How did you hear about Kirk School? \_\_\_\_\_  
\_\_\_\_\_
2. What other school(s) did you review? \_\_\_\_\_  
\_\_\_\_\_
3. What influenced your decision to apply to Kirk School? \_\_\_\_\_  
\_\_\_\_\_
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(s) are 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~