



At Crescenta Valley United Methodist Church

2700 Montrose Ave | Montrose CA 91020 | PH 818-249-4048 | FAX 818-249-5081

APPLICATION FOR ENROLLMENT

*** There is a \$50 nonrefundable application fee for all new applicants that must accompany this application upon submission. Step one application and acceptance. Step two Enrollment Agreement with enrollment fee. Step three submit all Enrollment forms.

Applicant Information

Child: First Name _____ Last Name _____

Beginning Date: Month _____ Year _____

Birth Date: Month, Day, Year _____ Sex: _____ Birthplace _____ (City) _____ (State)

Mailing Address

Please list here person or persons (parent or guardian) with whom the school should communicate with in relation to this enrollment.

Name(s) _____

Address _____ City _____ Zip _____

Phone Home _____ work _____ Cell _____

Signature of Mother _____ Signature of Father _____

Signature of legal guardian _____ Date of Application _____

For Office Use Only: CK # _____ BC _____ Accepted _____ Non-Accept _____

DC _____ CRC _____

Family Information

Father's Name: First Name _____ Last Name _____

Home Address: Number _____ Street _____ City _____ Zip _____

Occupation _____

Place of Employment _____

Business Address _____

Home Phone () _____ Business Phone () _____ E-mail _____

Mother's Name: First Name _____ Last Name _____

Home Address: Number _____ Street _____ City _____ Zip _____

Occupation _____

Place of Employment _____

Business Address _____

Home Phone () _____ Business Phone () _____ E-mail _____

Legal Guardian: First Name _____ Last Name _____

Home Address: Number _____ Street _____ City _____ Zip _____

Occupation _____

Place of Employment _____

Business Address _____

Home Phone () _____ Business Phone () _____ E-mail _____

Names and relationship of adults in the family group in which the child makes his/her home:

Relationship between child and parent with whom he does not make his/her home:

Brothers and Sisters (please list below)

Name	Age	School Presently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Information

Please Indicate Your Choices

Infant Care: Full-Day Only _____ Breast Milk _____ Formula _____ Solid Food _____

M-F 5 Days _____

MWF 3 Days _____

TTH 2 Days _____

Preschool: Full-Day _____ Half-Day _____ * MPIC will only accept 4 day or alternate schedules if space is available.
Five-day enrollment is considered first priority.

M-F 5 Days _____

MTWTH 4 Days _____

MWF 3 Days _____

Other _____

TTH 2 Days _____

Other _____

Has your child previously attended preschool, daycare program or family home care program? _____

Where? _____

At what age? _____ How many hours per day? _____ Days per week _____

How did he or she respond? _____

Does your child have any special needs? _____

Does your child have any developmental delays? Please describe _____

Health Information

Allergies:

Does your child have any food allergies? _____

What are the symptoms? _____

How are they treated if given these foods? _____

Does your child have any allergies other than food? _____

What are the symptoms? _____

How are they treated? _____

General Information

Toileting:

Is your child fully toilet trained? _____

Can he/she pull pants up/down? _____ Does he/she need help with wiping? _____

Socialization:

Does your child have Separation Anxiety? _____ Explain your good-bye routine _____

How would you describe your child's personality _____

What activities interest your child? _____

Parent Input:

What are your child's strengths? _____

What goals do you have for your child? _____

Do you have any educational concerns? _____
