



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: _____ City _____ Zip _____

Occupation _____

Place of Employment _____

Business Address _____

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

Mother's Name: First Name _____ Last Name _____

Home Address: _____ City _____ Zip _____

Occupation _____

Place of Employment _____

Business Address _____

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

Legal Guardian: First Name _____ Last Name _____

Home Address: _____ City _____ Zip _____

Occupation _____

Place of Employment _____

Business Address _____

Home Phone (____) _____ Work 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] _____

Toddler Care / Full-Day Only

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? _____