



Office Use:
Date: _____ Fee: _____
Initial: _____ #: _____

Application for Admission

Child's Last Name	First	Middle	Nickname
Date of Birth	Age	Age by Dec.1	Gender
Home Address	City	Zip Code	Home Phone
Mother's Name		Daytime Phone	Cell Phone
Father's Name		Daytime Phone	Cell Phone
Sibling's names and ages			
E-mail Address (for preschool communication only)			

I DESIRE TO ENROLL MY CHILD IN LINDEN COMMUNITY PRESCHOOL AND IN DOING SO I AGREE TO THE FOLLOWING:

Please initial

- ___ 1. As a participating adult, provide proof of a negative TB test, MMR & TDap vaccinations, a doctors examination, and flu shot (optional).
- ___ 2. Complete all forms required by the CA Dept. of Social Services Community Care Licensing Division.
- ___ 3. Fill out required paperwork along with child's vaccination records.
- ___ 4. Attend orientation meeting in August.
- ___ 5. Pay the non-refundable registration fee of \$75.00.
- ___ 6. Fulfill 4 enrichment and 4 maintenance hours per year.
- ___ 7. Fulfill scheduled in class working hours each month (approximately 2-3 days per month).

PLEASE INDICATE CLASS

___ 3-year-old class - Mon/Wed
9:00a.m. to 12:00p.m. - \$145/month

___ 4-year-old class - Mon/Wed/Fri
9:00a.m. to 12:00 pm - \$185/month

HOW DID YOU HEAR ABOUT LINDEN COMMUNITY PRESCHOOL?

___ Website ___ Facebook ___ Word of mouth, who _____

Parent Signature _____ Date _____

Director Signature _____ Date _____