

# Preschool Application

## 2020-2021 Academic Year

Thursday, August 13, 2020 through Friday, May 28, 2021



Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Application Checklist

**Age Requirement:** a minimum of 3 years of age on or before August 13th.

**Potty Trained:** students is potty trained by the start of the program.

**Application Fee & Required Forms** (email to [info@lacasitadayschool.com](mailto:info@lacasitadayschool.com)):

1. Application
2. State forms
3. Up to date vaccination records

Once forms are received, we'll send you a payment link for \$50 non-refundable application fee. For siblings, parent/guardian must fill out a separate form for each child. Enrollment is not guaranteed by submitting this application.

**Student Playdate:** once application, forms, and fee are received, we will contact you to schedule a student playdate.

**Enrollment:** once enrollment is accepted a Registration & Tuition Agreement will be sent to you. You will have 7 days to return this completed form. At this time an installment equal to one month's tuition is your non-refundable deposit (applied to the annual tuition) plus a \$250 non-refundable registration, and \$250 garden fee (or volunteer 10 hours of your time in the school garden). This secures your child's spot in our program.

Currently, we are only offering a full time schedule due to the stable group guidelines set by the CDC.

**Mon thru Fri:** 9 am to 2 pm. Flexible pickup 2 pm to 3 pm - **\$10,350/year or \$1,035/installment**

\_\_\_\_ Morning childcare 8 am to 9 am - \$150 per instalment (\$1,500 for the year)

\_\_\_\_ After-school childcare 3 pm to 5 pm, \$300 per installment (\$3,000 for the year)

Applicant and Family Information

Student Information (please print)

Name First, Middle, Last

Gender M F

Home Address:

City, State, Zip code

Date of Birth

Age

Place of Birth

Applying for Grade

Beginning Fall of which year?

Ethnicity (optional)

Current and former schools attended

Parent/Guardian Information I (please print)

Name First, Last

Title: Mr. Mrs. Miss. Ms. Dr. Other

Relation to applicant

Home Address (if different from above)

City, State, Zip code

Occupation

Title

Employer/Firm

Business Address

Business Phone

Cell Phone

Home Phone

Email Address

Parent/Guardian Information II (please print)

Name First, Last

Title: Mr. Mrs. Miss. Ms. Dr. Other

Relation to applicant

Home Address (if different from above)

City, State, Zip code

Occupation

Title

Employer/Firm

Business Address

Business Phone

Cell Phone

Home Phone

Email Address

Siblings (please print)

Please list all siblings

Name Birth Date School of Attendance M F

How did you learn about La Casita Day School? \_\_\_\_\_

\_\_\_\_\_  
Name of parent/guardian completing this form  
(please print)

\_\_\_\_\_  
Signature of parent/guardian completing this form

\_\_\_\_\_  
Date

Parent/Guardian Statement

Please answer the questions below on a separate piece of paper and submit with this application. Parents/guardians must fill out a separate statement for each child applying to the school. Thank you for taking the time to give us a comprehensive picture of your child and family.

Student's Full Name (please print): \_\_\_\_\_

1. Describe the ideal school environment for your child.
2. What are your child's strengths?
3. What are your child's challenges?
4. What are your long-term goals for your child?
5. What are your short-term goals for your child?
6. How does your child feel about the following?
  - School
  - Home
  - Him/Herself
7. What are your child and family's special interests and extracurricular activities?
8. What is your child's primary language? To what extent are other languages spoken in the home?
9. What has been your involvement in your child's education, and what would you prefer it to be?
10. Please describe the most important values by which you and your family live. How do you instill and reinforce those values with your children? What expectations do you have about the school's involvement in your child's personal and social/emotional growth?
11. Describe your child's previous preschool or daycare experience(s).
12. Please comment on your reasons for applying to LCDS.
13. Has your child ever been unenrolled or expelled from any previous program/s? If yes, please elaborate.
14. Please list all food allergies.
15. Has your child displayed any fears or strong dislikes?
16. Has your child had any traumatic experiences?
17. Is your child currently seeing, or has your child ever seen, a psychologist, psychiatrist, or counselor?  
Yes / No

If yes, please elaborate and send a copy of any assessments / evaluations to us. Please also feel free to make an appointment to discuss the matter with us.

18. Does your child take medication or have medical conditions that require special treatment? Please elaborate.
19. Please tell us about any special needs or anything that may help us to better understand your child.

\_\_\_\_\_  
Name of parent/guardian answering questions (please print)                      Signature                      Date