



# Children of Our Savior Preschool APPLICATION FOR ADMISSION

Date: \_\_\_\_\_

Enrollment Fee \$175 (per family) • Supply Fee \$100  
Earthquake Kit Fee \$25 (All fees are non-refundable)

Office Use: Date rec'd: _____
Fees Paid: _____
Notification: _____

STUDENT'S Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Likes to be called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M F

Home Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Actual Start Date \_\_\_\_\_ Interested in a summer start if space is available? \_\_\_\_\_ City of Birth: \_\_\_\_\_

**For Office Use ONLY (circle one):** Blue Jays Rosy Finch Robins Chickadees Mockingbirds Sparrows

<u>Program Type</u> √ choice: <input type="checkbox"/> 8:30 AM - 12:45 PM - Half Day <input type="checkbox"/> 7:00 AM - 6:00 PM - Full Day Circle Days Needed: M T W T H F (Please choose either 3 days or 5 days, (Pre-K 5 days required))
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Father's Name \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parent's Status  Married  Separated  Divorced  Single Parent  Parent & Step Parent  Guardian

Other: \_\_\_\_\_

Who is financially responsible for tuition and fees? \_\_\_\_\_

Who does the student live with? \_\_\_\_\_

Describe custody arrangements (if applicable) \_\_\_\_\_

Please list the names and ages of any other children living in the home: \_\_\_\_\_

What kindergarten do you plan to send your child to? \_\_\_\_\_

AUTHORIZED PICK-UP PEOPLE & EMERGENCY CONTACT *If you Cannot be Reached *Please Prioritize the List with Order of First Contact in the Event of Illness or Emergency		
Name(s)	Relationship to Student	Phone Number/Type

- | Name(s)  | Relationship to Student | Phone Number/Type |
|----------|-------------------------|-------------------|
| 1. _____ | _____                   | _____             |
| 2. _____ | _____                   | _____             |
| 3. _____ | _____                   | _____             |
| 4. _____ | _____                   | _____             |

Why are you choosing Children of Our Savior Preschool? \_\_\_\_\_

Did someone refer you to Children of Our Savior Preschool? Yes No

If yes, please list who we may thank: \_\_\_\_\_

### Family Worship/Spiritual Life Information

Is your family active in your church? (circle one): Yes Sometimes No We have no church home at this time

The Church your family attends: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Is your child Baptized? Yes No If yes, Baptismal date: \_\_\_\_\_ If no, would you like information on Baptism? Yes No

Do you pray with your child? Yes No What prayers do you use? \_\_\_\_\_

Do you have family devotions? Yes No Does your child express any specific fears? \_\_\_\_\_

Does your child ask about God or speak about Him? \_\_\_\_\_

If you were to explain to your child how to get to heaven, what would you say? \_\_\_\_\_

### Medications/Allergies

ALLERGIC to  
FOODS:

MEDICATIONS:

Please explain any treatment necessary for accidental ingestion of an allergy food: \_\_\_\_\_

Please explain or list any special information emergency caregivers should know: \_\_\_\_\_

Please list all current medications your child is taking and for what purpose: \_\_\_\_\_

Has your child ever had any serious illness? Yes No If yes, explain fully: \_\_\_\_\_

Children of Our Savior Preschool (COOS) welcomes all applicants and is operated on a non-discriminatory basis, according equal treatment and access to service without regard to race, color, national origin or ancestry.

The Department of Social Services has the authority to interview children, and/or observe the physical condition of children, including conditions that could indicate abuse, neglect, or inappropriate placement, without prior parental consent.

Consent is given to walk from the preschool buildings to the church or baseball field for chapel, music, or other classes.

\_\_\_\_\_ (Parent's Initials)

Consent is given to apply sunscreen to my child. \_\_\_\_\_ (Parent's Initials)

I understand that my child needs to be signed in and out every day with a full legal signature. \_\_\_\_\_ (Parent's Initials)

I understand that my child must be free of illness for 24 hours before returning to school. \_\_\_\_\_ (Parent's Initials)

Consent is given to COOS to use photo images/videos of my child WITHIN the COOS community, i.e., newsletters, calendars, class websites (password protected), bulletin boards, etc. \_\_\_\_\_ (Parent's Initials)

Consent is given to COOS to use photo images/videos of my child to be used OUTSIDE the school community, i.e. promotional brochures, social media, website, newspaper, or other media releases. I understand that my child's name will NEVER be attached to their photo when presented to the community. \_\_\_\_\_ (Parent's Initials)

Consent is given to COOS to connect with the CA Immunization Registry to share immunization records online. (This is just a record keeping process. Reports are given to the state regardless of online consent.) \_\_\_\_\_ (Parent's Initials)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_