



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

Program Type

√ choice:

8:30 AM - 12:30 PM - Preschool

8:00 AM - 5:00 PM - Extended Day with (8:30-12:30 preschool)

Circle Days Needed: M T W T H F (Please choose either 3 days or 5 days, (Pre-K 5 days required))

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

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: _____