

STUDENT APPLICATION

Child's Name		Nickname	Sex	Birth date
Home address		City	State	ZIP Code
Parent's/Guardian's Name <i>Dr/Mr/Mrs./Ms.</i>			Home Phone	
Home address		City	State	ZIP Code
Place of Employment	Occupation	Work Phone	Cell Phone	
E-Mail Address		Facebook Address		
Parent's/Guardian's Name <i>Dr/Mr/Mrs./Ms.</i>			Home Phone	
Home address		City	State	ZIP Code
Place of Employment	Occupation	Work Phone	Cell Phone	
E-Mail Address		Facebook Address		
Marital Status of Parents		Does child live with both parents? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, with whom?		
Names and ages of children in family				
Who, besides immediate family, resides in the home?				
Language(s) spoken in the home:				
Person(s) picking up this child on a regular basis				
Desired date of entry/Start Date:				
Desired Campus: <input type="checkbox"/> GRANDVIEW HOUSE PRESCHOOL, 1212 North Pacific Ave., Glendale, CA 91202 <input type="checkbox"/> GRANDVIEW HOUSE AT THE VILLAGE, 1306 Sonora Ave., Glendale, CA 91201 <input type="checkbox"/> GRANDVIEW HOUSE AT THE MARINA, 2929 West Washington Blvd., Marina Del Rey, CA 90292				
REQUESTED SCHEDULE				
Part-time (8am-3pm) <input type="checkbox"/>	Part-time (8am-6pm) <input type="checkbox"/>	Full-time (8am-3pm) <input type="checkbox"/>	Full-time (8am-6m) <input type="checkbox"/>	
If selecting a part-time schedule, please indicate which days? MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/>				

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PERSONS AUTHORIZED TO PICK UP STUDENT(S)			
The following people may pick up my child at Grandview House Preschool and may be called for emergencies or illness:			
No. 1: Name	Relationship	Home Phone	
Home address	City	State	ZIP Code
No. 2: Name	Relationship	Home Phone	
Home address	City	State	ZIP Code
No. 3: Name	Relationship	Home Phone	
Home address	City	State	ZIP Code
No. 4: Name	Relationship	Home Phone	
Home address	City	State	ZIP Code

GENERAL HEALTH CONDITIONS	
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify	
Does your child take naps? Yes <input type="checkbox"/> No <input type="checkbox"/> How long?	
Methods of home discipline?	Who disciplines?
What time does your child go to bed at night?	How often is your child read aloud to?
What are your child's eating habits and likes/dislikes?	
What family activities does your child enjoy?	

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Please describe your child's present school, childcare environment (other children, activities, relatives)
Please describe your child's personality, characteristics, interests and any special needs.
Why would Grandview House Preschool be a good environment for your child?
What goals do you have for your child while in preschool?
What are your plans for your child for kindergarten?
Is your child on a waiting list at another preschool? Where?

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EMERGENCY AGREEMENT

It is the policy of Grandview House Preschool to contact parents of a child regarding medical treatment when their child is seriously injured or becomes seriously ill and requires immediate attention by a physician. If we are unable to contact either parent or the emergency contacts provided by you, the following information is necessary:

The name of the Child's physician is		Telephone Number	
Name of Practice			
Address	City	State	ZIP Code

We hereby authorize medical treatment for our child if he or she gets seriously injured or becomes seriously ill while at school or on excursions. When deemed necessary by the teacher in charge, we give consent to have our child taken to the hospital nearest the excursion site, or to a hospital designated by emergency personnel or by ambulance personnel. A Grandview House Preschool staff member will remain with the child until the parent or parent's designee assumes responsibility for the child's care.

Parent/Guardian Signature	Date
Parent/Guardian Printed Name	
Parent/Guardian Signature	Date
Parent/Guardian Printed Name	

Child's Medical Insurance Carrier:	
Subscriber's Name:	
Membership Number:	
Effective Date:	Date of Expiration: