

Lighted Window Preschool
 1200 Foothill Blvd.
 La Canada, CA 91011
 818.790.8207, info@lwpreschool.com



APPLICANT INFORMATION			
Child's Name:		Today's Date:	
Date of Birth:	Nickname:	Age:	Years Months
Address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Girl <input type="checkbox"/> Boy		Home Phone:	
MOTHER/PARENT/GUARDIAN INFORMATION			
Name:			
E-mail:			
Cell Phone:		Work Phone:	
FATHER/PARENT/GUARDIAN INFORMATION			
Name:			
E-mail:			
Cell Phone:		Work Phone:	
HAS YOUR CHILD BEEN RECEIVING ANY SUPPORT SERVICES (SPEECH, OT, ETC) ?			
NAMES & BIRTHDATES OF OTHER CHILDREN IN THE HOME			
HOW DID YOU HEAR ABOUT US/REFERRED BY?		RELATIONSHIP STATUS	
		Please check: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <small>(if there is a custody agreement, please provide a copy)</small>	
PREFERRED SCHEDULE (NOT A GUARANTEE)			
Half Day (8:45am-12:30pm)		3/4 Day (choose days, then time)	
<input type="checkbox"/> Tu/Th <input type="checkbox"/> M/W/F <input type="checkbox"/> M-F		<input type="checkbox"/> Tu/Th <input type="checkbox"/> 8am-3pm <input type="checkbox"/> Summer Start (June)	
Full Time (7:15am-6pm)		<input type="checkbox"/> M/W/F <input type="checkbox"/> 8:30am-3:30pm <input type="checkbox"/> Fall Start (August)	
<input type="checkbox"/> Tu/Th <input type="checkbox"/> M/W/F <input type="checkbox"/> M-F		<input type="checkbox"/> M-F <input type="checkbox"/> 9am-4pm	
Diapers: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain on the back)	
SIGNATURE			
Parent/Guardian Signature:			Date:
Your child must be 2 years old by December 31 st of the school year to start at LWP. If your child's 2 nd birthday is not before the start of school, a charge of 30% of the tuition will be charged each month to hold their spot.			
OFFICE USE ONLY			
\$100 Application Fee (non-refundable) must accompany this application, Check #			Classroom:
Received by:			Start Date:

Please fill out other side

Lighted Window Preschool
1200 Foothill Blvd.
La Canada, CA 91011
818.790.8207, info@lwpreschool.com



CHILD EVALUATION FORM

HAS YOUR CHILD EVER BEEN IN A CHILD CARE SETTING BEFORE?

DOES YOUR CHILD HAVE ANY ALLERGIES? IF YOU ANSWERED YES FOR SUPPORT SERVICES ON THE FRONT OF THE APPLICATION, PLEASE EXPAND IN THIS AREA.

DOES YOUR CHILD HAVE ANY SPECIAL TRANSITIONAL OBJECT? A TOY, BLANKET, PACIFIER...

WHAT IS YOUR CHILD'S FIRST LANGUAGE?

DOES YOUR CHILD HAVE CERTAIN WORDS FOR THEIR NEEDS? USING THE BATHROOM, IF THEY ARE HUNGRY, SAD, ETC.

TELL US A LITTLE SOMETHING ABOUT YOUR CHILD'S PERSONALITY. SOMETHING THAT IS UNIQUE ABOUT THEM!
