



Application for Admission

120 Hemme Avenue - Alamo, CA 94507
Phone: (925) 837-4044 -- Fax: (925) 837-4083
Email: office@clcalamo.com

Office Use Only: Application Date: _____ Application Fee: **\$25.00** _____

CHILD'S NAME _____ BIRTH DATE _____ MALE () FEMALE ()

NAME TO BE USED IN SCHOOL _____ PHONE #1 _____ HOME / MOM / DAD / CELL

PHONE #2 _____ HOME / MOM / DAD / CELL

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____ LAST SCHOOL ATTENDED _____

NAME & BIRTH DATE OF SIBLINGS _____

Parents living at same address? Yes () No ()

Child lives with () Mother & Father () Father () Mother () Other Adults

MOTHER'S NAME _____

FATHER'S NAME _____

OCCUPATION _____

OCCUPATION _____

PLACE OF WORK _____

PLACE OF WORK _____

WORK ADDRESS _____

WORK ADDRESS _____

WORK PHONE _____

WORK PHONE _____

EMERGENCY INFORMATION

CHILD'S PHYSICIAN

NAME _____

PHONE _____

ADDRESS _____

HOSPITAL _____

CHILD'S DENTIST

NAME _____

PHONE _____

Whom do we call in an emergency if parents cannot be reached? Please give two names:

NAME / RELATIONSHIP _____ / _____

PHONE # _____

NAME / RELATIONSHIP _____ / _____

PHONE # _____

Does your child have any food allergies or restrictions? (if yes, please explain) Yes () No () _____

Has anyone in your family previously attended CLC? Yes () No ()

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A **\$25 NON-REFUNDABLE** application fee is required at the time this form is submitted and covers your registration should there be a space for your child. Please make checks payable to Creative Learning Center.

**PLEASE TURN OVER TO REQUEST PROGRAM**

Office Notes:

\_\_\_\_\_  
\_\_\_\_\_

**NEW APPLICATION**

Name \_\_\_\_\_

**2020 – 2021 SCHOOL YEAR**

Child's Birthday \_\_\_\_\_

**PLEASE INDICATE YOUR PROGRAM PREFERENCE**

**HALF DAY PRESCHOOL/ PREKINDERGARTEN**

**HALF DAY JR. KINDERGARTEN (Age 4 by Sept. 1)**

(check times and circle days where applicable)

\_\_\_ 9:00 – 11:30 M-F MWF TTH

\_\_\_ 8:30 – 11:30 M-F

\_\_\_ 12:30 – 3:30 M-F MWF TTH

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**ADD ON OPTIONS – PLEASE INDICATE DAYS**

BEFORE SCHOOL 7:30 – 8:30/9:00 \_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THURS \_\_\_ FRI

LUNCH PROGRAM 11:30 - 12:30 \_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THURS \_\_\_ FRI



**STARTING IN AUGUST 2020 FOR 5 DAY AFTERNOON OR 5 DAY FULL DAY STUDENTS:**

**AFTER SCHOOL 3:30 – 5:30 \_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THURS \_\_\_ FRI**

Parent/Guardian Signature: \_\_\_\_\_

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

CLC Director Signature: \_\_\_\_\_

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