



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: **\$35.00** _____

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 () Both Parents () Father () Mother () Other Adults

PARENT 1 NAME _____

PARENT 2 NAME _____

OCCUPATION _____

OCCUPATION _____

PLACE OF WORK _____

PLACE OF WORK _____

WORK ADDRESS _____

WORK ADDRESS _____

WORK PHONE _____

WORK PHONE _____

EMERGENCY INFORMATION

CHILD'S PHYSICIAN

CHILD'S DENTIST

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

HOSPITAL _____

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) No () Yes () _____

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

How did you hear about us? _____



A \$35 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:

Name _____

Child's Birthday _____

Preferred Start Date _____

PLEASE INDICATE YOUR PROGRAM PREFERENCE

(check times and circle days where applicable)

SCHOOL DAY PRESCHOOL/ PREKINDERGARTEN

**SCHOOL DAY TRANSITIONAL KINDERGARTEN /
JR. KINDERGARTEN (Age 4 by Sept. 1)**

___ 8:30 – 3:30 M-F MWF TTH

___ 8:30 – 3:30 M-F

HALF DAY PRESCHOOL/ PREKINDERGARTEN

___ 8:30 – 11:30 M-F MWF TTH

___ 12:30 – 3:30 M-F MWF TTH

ADD ON OPTIONS – PLEASE INDICATE DAYS

EARLY ARRIVAL 7:45 - 8:30 ___ MON ___ TUE ___ WED ___ THURS ___ FRI

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

Parent/Guardian Signature: _____

Date: _____

CLC Director Signature: _____

Date: _____