



# 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:

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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: \_\_\_\_\_