



Application for the _____ school year

Child's name _____
Last First Middle Nickname

Home Address _____

Email Address _____

Boy _____ Girl _____ Birthplace _____ Date of Birth _____

I am applying for admission to:

_____ W (parent/toddler) _____ M,W,F (2-3yrs) _____ T/TH (2-3yrs) _____ M-F (2-3yrs) _____ M,W, F (3-4yrs) _____ T/Th (3-4yrs)
_____ M-F (3-4yrs)

Siblings & Ages _____

Parents Name _____ Parent's Name _____

Occupation _____ Occupation _____

Business number _____ Business Number _____

Business Address _____ Business Address _____

Home Phone _____ Home Phone _____

Home Address _____ Home Address _____

Emergency Phone Numbers _____

Child's previous preschool experiences (list schools & dates attended):

Why did you choose Carillon Preschool for your child?

What goals do you have for your child for the time he/she will be attending preschool?

Note: Children must be 24 months of age by September 1st to participate in our drop-off preschool programs. We do not discriminate based on race, religion, sex, national origin, or in any other way. Please return this application with a non-refundable \$100.00 fee payable to Christ Church, 815 Portola Road, Portola Valley, CA 94028.