



Enrollment Form

PUBLIC DAY CAMP

DATE: _____

CHILD'S INFORMATION

FULL NAME _____ DATE OF BIRTH _____

PREFERRED NAME _____ GENDER MALE FEMALE

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

DOES YOUR CHILD REQUIRE ANY SPECIAL MEDICAL ATTENTION (EXAMPLE: ASTHMA, SEVERE ALLERGY, EPI-PEN, ETC.)?

YES NO IF YES, PLEASE EXPLAIN _____

WHAT LANGUAGE(S) DOES YOUR CHILD SPEAK? _____

START DATE _____ DID YOUR CHILD ATTEND QUARRY LANE PREVIOUSLY? YES NO

PUBLIC SCHOOL: _____ GRADE: _____

PROGRAM:

- KINDERGARTEN (AFTER SCHOOL CARE ONLY)
- KINDERGARTEN (BEFORE AND AFTER SCHOOL)
- 1ST THROUGH 5TH GRADE (AFTER SCHOOL CARE ONLY)
- 1ST THROUGH 5TH GRADE (BEFORE AND AFTER SCHOOL)

FAMILY INFORMATION

MOTHER/PARENT/GUARDIAN NAME _____

OCCUPATION _____ EMPLOYER _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____ DRIVERS LICENSE # _____

FATHER/PARENT/GUARDIAN NAME _____

OCCUPATION _____ EMPLOYER _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____ DRIVERS LICENSE # _____

ARE BOTH PARENTS LIVING WITH CHILD? YES NO IF NO, PLEASE PROVIDE ADDRESS

THE QUARRY LANE SCHOOL, OFFICE OF ADMISSIONS

3750 BOULDER STREET, PLEASANTON, CALIFORNIA 94566 (925) 846-9400

SIBLINGS

NAME _____ AGE _____ ATTENDS/ATTENDED QUARRY LANE

NAME _____ AGE _____ ATTENDS/ATTENDED QUARRY LANE

NAME _____ AGE _____ ATTENDS/ATTENDED QUARRY LANE

PRESENT AFTER SCHOOL CARE INFORMATION

PRESENT AFTER SCHOOL CARE NAME _____

PRESENT GRADE _____ DATES OF ATTENDANCE _____

REASONS LEAVING PRESENT AFTER SCHOOL CARE _____

PARENT STATEMENT

WHY WOULD YOU LIKE YOUR CHILD TO ATTEND QUARRY LANE SCHOOL?

PLEASE COMMENT ON YOUR CHILD'S STRENGTHS AND WEAKNESSES.

PLEASE DESCRIBE ANY CIRCUMSTANCES, WHICH HAVE AFFECTED OR MAY AFFECT YOUR CHILD'S PARTICIPATION IN SCHOOL EVENTS, OR ATTENDANCE IN SCHOOL, (E.G. FREQUENT MOVES/ CHANGES IN SCHOOLS/ SEPARATION OF A SIGNIFICANT PERSON IN THE FAMILY, DISCIPLINARY ACTIONS, SERIOUS ILLNESS, AND LEARNING DISABILITY).

HAS YOUR CHILD HAD ANY HISTORY OF A PHYSICAL OR EMOTIONAL CONDITION WHICH HAS REQUIRED PROFESSIONAL ATTENTION OR WHICH MIGHT REQUIRE SPECIAL ATTENTION? YES NO IF YES, PLEASE EXPLAIN.

WHAT MORE WOULD YOU LIKE US TO KNOW ABOUT YOUR CHILD?

I/WE UNDERSTAND THAT A REGISTRATION FEE, THE FIRST MONTH'S TUITION AND THE ADMISSIONS AGREEMENT MUST ACCOMPANY THIS FORM, THAT ALL TUITION AND FEES PAID ARE **NON-REFUNDABLE** AND **NON-TRANSFERABLE** AND THAT A 30-DAY WRITTEN NOTICE IS REQUIRED TO WITHDRAW MY CHILD FROM THIS QUARRY LANE SCHOOL PROGRAM. OUR/MY REGISTRATION FEE AND THE FIRST MONTH'S TUITION IS FORFEITED IF MY CHILD DOES NOT BEGIN ATTENDING THE QUARRY LANE SCHOOL ON THE AGREED UPON START DATE.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

Program/Schedule _____

Room Assigned: _____ Current Tuition Rate: _____

Check# _____ Amount _____ Date Received _____ Received By _____

- Admissions Forms
- Welcome Packet
- Handbook Emailed