



# Enrollment Form

## INFANT/TODDLER, PRESCHOOL, PRE-KINDERGARTEN

DATE: \_\_\_\_\_

CAMPUS:  PLEASANTON EAST (INFANT-PRE-K)

PLEASANTON WEST (PRESCHOOL/PRE-K)

### 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 \_\_\_\_\_

IS YOUR CHILD FULLY POTTY TRAINED?  YES  NO IF NO, WHAT STAGE? \_\_\_\_\_

WHAT LANGUAGES DOES YOUR CHILD SPEAK? \_\_\_\_\_

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

### PROGRAM (AGE):

INFANT

(6 wks. - ± 15 mos.)

TODDLER

(± 15 mos. - 2 years old)

FULL DAY ONLY

M-F

YOUNG PRESCHOOL

(2-3 years old)

PRESCHOOL

(3-4 years old)

PRE-K

(4-5 years old)

FULL DAY

HALF DAY

M-F

EXTENDED ENRICHMENT PRE-K

(4-5 years old)

M-F

**PLEASE INDICATE 1<sup>st</sup> & 2<sup>nd</sup> CHOICES FOR THREE DAY SCHEDULES:**  
(Three day schedules must be confirmed by Admissions and are subject to availability.)

\_\_\_\_ M/W/F

\_\_\_\_ M/T/TH

\_\_\_\_ T/W/TH

\_\_\_\_ T/TH/F

\_\_\_\_ M/W/F

\_\_\_\_ M/T/TH

\_\_\_\_ T/W/TH

\_\_\_\_ T/TH/F

\_\_\_\_ M/W/F

\_\_\_\_ M/T/TH

\_\_\_\_ T/W/TH

\_\_\_\_ T/TH/F

*(Our programs, including curriculum and specials classes, are designed for the five days per week schedule. Three day schedules are available for convenience — missed curriculum and activities are not made up. We offer half day schedules for the two, three and four year old programs, and an extended enrichment pre-kindergarten for four year olds.)*

### 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

4444B BLACK AVENUE, PLEASANTON, CALIFORNIA 94566 (925) 462-6300

**SIBLINGS**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ATTENDS/ATTENDED QUARRY LANE

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ATTENDS/ATTENDED QUARRY LANE

NAME \_\_\_\_\_ AGE \_\_\_\_\_ ATTENDS/ATTENDED QUARRY LANE

**PRESENT SCHOOL INFORMATION**

PRESENT SCHOOL NAME \_\_\_\_\_

PRESENT GRADE \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_\_

REASONS LEAVING PRESENT SCHOOL \_\_\_\_\_

**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 ACADEMIC PERFORMANCE, 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: \_\_\_\_\_

- Admissions Forms
- Welcome Packet
- Handbook Emailed

Check# \_\_\_\_\_ Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Supply Fee \$ \_\_\_\_\_ Received By \_\_\_\_\_