

Kid Zone Enrollment Form



DATE: _____

CHILD'S INFORMATION

FULL (LEGAL) NAME _____ DATE OF BIRTH _____

PREFERRED NAME _____ GENDER MALE FEMALE UNSPECIFIED

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/SCHEDULE:

TK/KINDERGARTEN CARE (*early start*): 12:00 – 6:00 p.m.

TK/KINDERGARTEN CARE (*late start*): 1:00 – 6:00 p.m.

1ST THROUGH 2ND GRADE (*early start*): 2:00 – 6:00 p.m.

1ST THROUGH 2ND GRADE (*late start*): 3:00 – 6:00 p.m.

3RD THROUGH 5TH GRADE : 3:00 – 6:00 p.m.

- Morning care and transportation are not available.
- The Pleasanton Unified School District (PUSD) typically informs families with children in first and second grades of their child's reading schedule after two weeks of attendance. Please notify the Quarry Lane School/Kid Zone as soon as you know your child's final schedule as this affects our schedule and your tuition rate.

FAMILY INFORMATION

MOTHER/PARENT/GUARDIAN LEGAL NAME _____

OCCUPATION _____ EMPLOYER _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____ DRIVERS LICENSE # _____

FATHER/PARENT/GUARDIAN LEGAL NAME _____

OCCUPATION _____ EMPLOYER _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____ DRIVERS LICENSE # _____

WHO WILL BE THE PRIMARY ACCOUNT HOLDER FOR THE SCHOOL'S BILLING SYSTEM?

(PLEASE PRINT) EMAIL 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 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 AREAS OF GROWTH.

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 THE ENROLLMENT FEE, 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 ENROLLMENT 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

Room/Schedule: _____ Regular Tuition Rate: _____ 1st Month's Proration: _____

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

- Admissions Forms
- Welcome Packet
- Handbook Emailed