



Enrollment Form

TODDLER, PRESCHOOL AND PRE-KINDERGARTEN

DATE: _____

CAMPUS: PLEASANTON EAST: 3750 BOULDER ST.

PLEASANTON WEST: 4444B BLACK AVE.

CHILD'S INFORMATION

FULL (LEGAL) 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) & SCHEDULE (PLEASE CHECK):

TODDLER

(15 mos - 2 yrs)

Full day (7 am-6 pm)

M-F

(Please indicate preferred days.)

YOUNG PRESCHOOL

(2 - 3 yrs)

Full day (7 am-6 pm)

Half day (8:30 am-12 pm)

M-F

(Please indicate preferred days.)

PRESCHOOL

(3 - 4 yrs)

School day (9:15 am-4:15 pm)

Before school care (8-9:15 am)

Before school care (7-9:15 am)

After school care (4:15-5:30 pm)

After school care (4:15-6 pm)

Half day (8:45 am-12:15 pm)

M-F

(Please indicate preferred days.)

PRE-KINDERGARTEN

(4 - 5 yrs)

School day (9:15 am-4:15 pm)

Before school care (8-9:15 am)

Before school care (7-9:15 am)

After school care (4:15-5:30 pm)

After school care (4:15-6 pm)

Half day (8:30 am-12 pm)

M-F

(Please indicate preferred days.)

(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.)

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) E-MAIL 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 AREAS OF GROWTH.

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 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: _____ Monthly Payments

Annual Payment

1st Month's Proration: _____ Check# _____ Amount _____ Date Rec'd _____ Rec'd By _____

Admissions Forms Welcome Packet Handbook Emailed