



New Student Quick checklist for parents

- ☐ Completed renewal forms
- ☐ First time registration fee \$75 (non-refundable)
 - Second child first time registration fee \$50 (non-refundable)
 - Third child first time registration fee \$40 (non-refundable)
- ☐ Registration/enrollment fees and the first 2 week's of tuition must be paid in full before child/ren begins attending.
- ☐ Emergency release form
- ☐ Contract and Tuition Agreement
- ☐ Emergency Kit

Please Note:

Please send a copy of the following items with your application:

- ☐ Child's birth certificate
- ☐ Parent/Guardian photo identification (e.g., driver's license)

Please send completed application ASAP to:

**Mission Kidz Preschool
415 W. Torrance Blvd.
Carson, CA 90745**

**Phone number: (310) 329-2348
Fax Number: (310) 329- 5181**



New Student Application

School Year: _____

Please **Print** all information

Student's Name: _____
(Last) (First) (Middle)

Gender: _____ Date of Birth: _____ Nickname: _____

Ethnic Background:

_____ Asian or Pacific Islander

_____ American Indian/Alaskan Native

_____ Black/African American

_____ White/Anglo/Caucasian

_____ Hispanic

_____ Other, Please specify _____

Mother/Guardian: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Home): _____ Phone (Cell): _____

Phone (Work): _____ E-mail: _____

Occupation: _____

Father/Guardian: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Home): _____ Phone (Cell): _____

Phone (Work): _____ E-mail: _____

Occupation: _____

Step-Father's Name: _____
(Last) (First) (Middle)

Step-Mother's Name: _____
(Last) (First) (Middle)

Child lives with (Circle): Both parents Shared Custody Mother Father
Father/step mom Mother/step dad Guardian Relatives

Parents: _____ Married _____ Divorced _____ Separated

Describe the general health of parents _____

Are there any limitations on either parent's right to pick up or visit the child at school?
_____ Yes _____ No

If yes, *please attach a copy of the court order to keep on file at Mission Kidz*
Please explain any social or family circumstances of which Mission Kidz should be aware:

Religious Affiliation: (check one)

_____ Family Members of Mission Eben-Ezer Family Church

_____ Family Members of another Church: _____ Pastor: _____

_____ Christian, but not a member of a church

_____ Other Religion: _____

Reason for choosing Mission Kidz Preschool _____

SIBLINGS:

Please list the name(s) of all siblings and any schools attended (preschool-college)

Sibling Name	Age	School Attended	Dates of Attendance
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Sibling Name	Age	School Attended	Dates of Attendance
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Sibling Name	Age	School Attended	Dates of Attendance
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List siblings who will be simultaneously attending the Preschool: _____



Application

Student's Name: _____
(Last) (First) (Middle)

Gender: _____ Date of Birth: _____ Nickname: _____

Mother/Guardian: _____ Cell: _____

Occupation: _____ Work #: _____

Father/Guardian: _____ Cell: _____

Occupation: _____ Work #: _____

Program Selection

Please Check One

Full time program 6:30am-5:30pm (5pm on Wed) without Hot Lunch

_____ Full time - 5 days \$150.00 per week	_____ Potty training \$160.00 per week
_____ Part-Time - 3 days \$127.00 per week	_____ Potty training \$137.00 per week
_____ Part-Time - 2 days \$100.00 per week	_____ Potty training \$110.00 per week

Half day Program 6:30am-12pm without Hot Lunch

_____ 5 days \$126.00 per week	_____ 5 days Potty training \$136.00 per week
_____ 3 days \$98.00 per week	_____ 3 days Potty training \$108.00 per week
_____ 2 days \$76.00 per week	_____ 2 days Potty training \$86.00 per week

If selecting 2 or 3 day programs please circle the days you would like to enroll your child in:

Monday Tuesday Wednesday Thursday Friday

Notes: _____

Lunch programs are available with Good N' Tasty. Lunch is not charged for holidays or school breaks. Prices may change.

Lunch prices: \$3.99, Milk .29 cents, Juice .39 cents

_____ **Yes, please enroll me in the hot lunch program**

_____ **No thank you, please do not enroll me in the hot lunch program**

Print name of Parent/Guardian

Date

Print name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



Additional Getting to Know Me Information

Student Name: _____

Nickname: _____

What is the highest educational degree earned by the child's mother or primary caregiver?

What language did the child learn to speak first? _____

What is the primary language spoken in the child's home? _____

Allergies: _____

My favorite foods: _____

My favorite book: _____

My favorite place to visit: _____

My favorite color: _____

My favorite music: _____

Favorite TV show: _____

What makes me happy? _____

What makes me scared, sad or upset? _____

Does the child have any special medical condition or needs? Yes _____ No _____

If yes, please describe: _____

Has the child attended preschool before? Yes _____ No _____

If yes, please provide name of school and at what age the child attended: _____

Does the child have any identified special educational needs? Yes _____ No _____

If yes, please describe: _____

What calms me when I'm upset? _____

Is there anything else you think we should know about the child?

How would you describe your child? What are his/her greatest strengths/needs?

What are his/her major interests/choices during free time at home?

What kind of responsibilities does your child have at home? What are your expectations of him/her?

Does your child have any special learning or counseling needs? Please describe. _____

Can I recite and recognize letters of the alphabet? Still in progress? _____

Can I recognize my written name or write my name? Still in progress? _____

Can I count to 10? 100? Still in progress? _____

What are your expectations of us during this coming year? _____



Emergency Information Form

Student's Name: _____ **School Year:** _____

Known Allergies: _____

Mother's Name and Cell #: _____

Father's Name and Cell #: _____

Additional Emergency Contacts

Additional Emergency Contacts (*not listed on LIC 700*)

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Please circle one-Custody: Mother Father Both Other (specify): _____

Name: _____ Address: _____ Home phone: _____ Cell/pager: _____ Relationship to child: _____	Name: _____ Address: _____ Home phone: _____ Cell/pager: _____ Relationship to child: _____	Name: _____ Address: _____ Home phone: _____ Cell/pager: _____ Relationship to child: _____
Name: _____ Address: _____ Home phone: _____ Cell/pager: _____ Relationship to child: _____	Name: _____ Address: _____ Home phone: _____ Cell/pager: _____ Relationship to child: _____	Name: _____ Address: _____ Home phone: _____ Cell/pager: _____ Relationship to child: _____

Names of anyone NOT ALLOWED to pick up your child from school: (Legal documents must be on file with school)

I give Mission Kidz Preschool permission to give my child emergency care and first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.

Print name of Parent/Guardian

Date

Signature of Parent/Guardian

Date