

Petite Sorbonne Preschool

319 E. Santa Inez Avenue / San Mateo / CA / 94401

APPLICATION FOR ENROLLMENT

Enrollment Schedule (Please circle attending days/session)

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
F/T	F/T	F/T	F/T	F/T

Desired Enrollment Start Date: _____

Child's Full Name: _____ Sex: _____ Birthdate: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Address: _____ / City: _____ / CA / Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(Please specify whose number) (Please specify whose number) (Please specify whose number)

Work Phone: _____ Cell Phone: _____
(Please specify whose number) (Please specify whose number)

Email Address: _____ Email Address: _____
(Please specify whose email) (Please specify whose email)

How did you hear about the school: _____

I understand it is my responsibility to read the following information, which includes the Curriculum/Philosophy, Children's Program, Goals for Your Child, Experiences, Holiday Schedule, Tuition Schedule, and Application for Enrollment. Upon enrollment of my child, I also understand to read the Child Care Health Policy, Unsafe Behavior, Toys from Home, Nutrition Policy, Grievance Procedures, and General Conditions Summary. At that time, I understand to download the following required forms from Petite Sorbonne Preschool's website and they must be returned to complete the application process: Consent for Medical Treatment, Identification and Emergency Information, Notification of Parent's Rights, Personal Rights, Child Abuse Information, Child's Preadmission Health History (Parent's Report), Physician's Report - Day Care Centers, the Over-the-Counter-Medication form, the Admissions Agreement, and as well as this Application for Enrollment (if not already submitted).

I will read and understand these conditions, as well as Petite Sorbonne Preschool's philosophy and school policies (such as tuition being due at the beginning of each current month).

Signature of Parent or Guardian: _____ Date: _____

A one time, non-refundable \$125.00 "Registration Fee" is due with this Application for Enrollment. This fee will be used towards the registration of your child -OR- for placement on our Waiting List. Please make checks payable to: **Petite Sorbonne Preschool**. Monthly tuition is due upon actual enrollment start date. Application and fee payment may be mailed to: **Petite Sorbonne Preschool / 319 E. Santa Inez Avenue / San Mateo / CA / 94401**.

Signature of Director: _____ Date: _____

FOR SCHOOL USE ONLY:

Date application received: _____ Date fee paid: _____ Amount received: \$_____

A Center for Early Childhood Excellence
650 - 347 - 8510

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