



## Green Valley Christian Preschool and Day-care Center

### Application for Enrollment

376 South Green Valley Road, Watsonville, CA 95076 -3004

\* Phone 831-724-0847 \*FAX 831-724-1002 \*E-mail [GVCSchool@gvcs.org](mailto:GVCSchool@gvcs.org)

Please return this application form to the school office.

#### The Applicant

Today's date: \_\_\_\_\_

Name of child \_\_\_\_\_ Male  Female   
(First) (Middle) (Last)

Child's present address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Child's social security number will be required upon acceptance.

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_ Citizen of \_\_\_\_\_  
month day year

Child lives with: Father  Mother  Stepfather  Stepmother  Other (please specify) \_\_\_\_\_

Optional: Ethnic background \_\_\_\_\_

#### The Family

Father's name (or legal guardian) \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Mother's name (or legal guardian) \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Parents: Married  Separated  Divorced  Deceased

#### Former Preschool Experience

Preschool(s) attended \_\_\_\_\_ City \_\_\_\_\_

Dates of attendance \_\_\_\_\_

**Child's Schedule: State law requires this section of application be current. Should your child's option change, a new form will be required. (Check appropriate square and circle days) Circle one: Fall and/or Summer**

<b>Morning Session</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>\$</b>
<b>All Day Program</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>\$</b>
<b>School Day (GVCS Siblings only)</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>\$</b>
<b>Option A</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>\$</b>
<b>Option B</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>\$</b>

#### Church Interest

The families denominational preference \_\_\_\_\_ Does Child attend Sunday School? \_\_\_\_\_

Name of church attending \_\_\_\_\_

#### Interest In School

How did you first learn of Green Valley Christian Preschool? Ad  Phone Directory  Friend  \_\_\_\_\_  
(Please give name)

Why are you desiring to send your child to Green Valley Christian Preschool? \_\_\_\_\_

**Green Valley Christian Preschool admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities made available to students in the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, administrative polices, or in any other school administered programs.**

(Please complete the reverse side)

**Insurance**

All students at Green Valley Christian School must be covered by a medical insurance policy upon enrollment at Green Valley Christian Preschool

[ ] Yes, my child is fully covered by medical insurance.

Name of insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

I understand in case of emergency, illness, or accident to the child named on this application, the school is authorized to call an ambulance and have the child taken to the nearest emergency hospital or any licensed physician. It is understood that the parents will be notified as soon as possible and all expense incurred will be paid by the parent.

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Signature of Father or Legal Guardian

**Financial Obligations**

1. I understand I am responsible for paying my child’s preschool rates to Green Valley Christian Preschool on time.  
I will pay by the **first day** of each month. A late charge will be assessed to those accounts not current by the 5<sup>th</sup> of each month. I understand my child may be dismissed if my account is more that two (2) weeks in arrears.
2. I understand a \$20.00 charge will be assessed for returned checks.
3. I agree to be personally responsible for preschool fees, medical bills, and any other expenses incurred by Green Valley Christian Preschool on behalf of this applicant.
4. I understand Green Valley Christian Preschool will give a 30 day notice for any tuition increase in any program or option.
5. **I understand registration fees are non-refundable.**

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Signature of Father or Legal Guardian

**School Expectations**

Enrollment at Green Valley Christian Preschool is a privilege, not a right. Please understand that Green Valley Christian Preschool sets high standards and values relating to a child’s behavior and expects conformity to the preschool’s standards. Parents are expected to work with preschool personnel to insure that their child complies with the conduct and behavior standards of Green Valley Christian Preschool and agree to come immediately to the preschool when called by staff to deal with the child’s behavior. If your child’s behavior becomes incompatible with the standards of the preschool, the preschool reserves the right to suspend or end enrollment of him/her from school without specific incident.

I accept the above statements and if my preschool child is accepted I will abide by all rules, regulations, policies, and decisions as set forth by Green Valley Christian Preschool

**Right of Licensing Agency:** We are a state licensed facility. Authorized staff of Community Care Licensing have the right to review any child’s record and interview children, if necessary, without prior consent.

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Date