



## Conejo Valley Neighborhood for Learning

**Preschool Application**

**Date:** \_\_\_\_\_

**Preferred Sessions: Both AM and PM sessions are Monday - Thursday**

AM (8:45 - 11:45)     PM (12:30 - 3:30)

Returning Child    Yes  No

Our program requires that your child be toilet trained. Is your child toilet trained?    Yes  No

**APPLICANT CHILD:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Sex:** F  M  Language (s) spoken \_\_\_\_\_ Does your child have allergies, medical

problems, or other concerns we should be aware of \_\_\_\_\_

Has your child been screened for speech or other developmental issues? \_\_\_\_\_

**Parent/Guardian A:**

**Parent/Guardian B:**

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

Language Spoken \_\_\_\_\_

Language Spoken \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

How did you hear about our program (please be specific)? \_\_\_\_\_

Application Fee of \$35.00 is Non-Refundable (**this will put your child on the waiting list**) \_\_\_\_\_ paid

**Application Fee and Security Deposit of one month's tuition will secure your child's spot.  
Registration packet and first month tuition must be completed prior to first day of class.**

**Please bring birth record for applicant child and for all siblings less than 18 years of age living in the home, current immunization and physician's report that includes TB clearance for the child applying.**

*For more information or to make an appointment please call 805-241-5410 or 805-241-4871.*