

APPLICATION FORM

BUBBLY TOTS LEARNING CENTER

963 Manor Blvd, San Leandro, CA 94579 Phone (510) 351-0300 Fax (510) 372-0815

GUARDIAN DETAILS

Parent's /Guardian's Name(s)		Relationship to Child	
1.			
2.			
Address			
City	State	Zip	
Home Phone	Work Phone		

CHILD DETAILS

Child's Name	Date of Birth	Gender (M/F)
1.		
2.		

SCHEDULE PREFERENCE

START DATE _____

SESSION	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8.00am-12.00pm)					
Full Day (7.00am-03.00pm)					
Extended Day (7.00am-06.00pm)					

QUESTIONNAIRE (Use back page for additional space)

1. How did you learn about our Preschool?
2. Is your child currently attending another program?
3. Is your child a sibling of a current or prior enrollee?
4. Are any of your child's friends currently enrolled or applying?
5. Does your child have any special needs we should be aware of?
6. Does your child have any medical issues that we need to be aware of?
7. Do both parents work or does one of the parents stay home with the child?
8. What are your goals for your child and what would you like to see your child improve in?

Guardian's Signature _____ Today's Date _____

Guardian's Name _____

Note: A \$25.00 non-refundable application fee must accompany this form.

For Office Use Only			
Received _____	Program _____	Fee _____	Check/Cash/CC _____