3480 Las Flores Canyon,
Malibu, CA 90265
(310) 456-7111
oakspreschool@gmail.com

UNDER THE OAKS
EARLY CHILDHOOD CENTER

please attach a photo of your child.

# Preschool 2017-2018 Application

Applying for:

❑ Half Day 8:45-1:00
❑ Full Day 8:45-2:30

❑ 3 Day Monday-Wednesday
❑ 4 Day Monday-Thursday
❑ 5 Day Monday-Friday

❑ Early Care 8:00-8:45 ❑ After Care 2:30-4:00

Child's Name: _____

Child's Birthdate: _____

Mother's Name: _____

Email Address: _____

Phone Number: _____

Father's Name: _____

Email Address: _____

Address: _____

_____

_____

Please explain why you are interested in Under the Oaks for your child.

Please describe any special circumstances that may have affected your child's school experience.

Please describe your child's interests.

Has your child received, or is he or she now receiving special tutoring, counseling or therapy? Has your child received an educational diagnosis? • Yes • No
If yes, please include the nature and dates of service and attach a copy of the evaluation.

Please identify any health situations the school should know about, such as diagnosis, allergies, therapies (physical or psychological), medications. Please attach any assessments and medical diagnosis.

In what ways would you be interested in participating in our school?

PAYMENT for $75 Application fee only

Credit card payment: □ Visa □ MC □ AMEX

□ Check Payable to Under the Oaks Preschool

3% surcharge on all Credit Card charges

Card Number_____ Expiration Date ___/___
numbers on back _____ Zip Code _____

Parent or Guardian Signature _____

Print Name_____ Date _____