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



Kindergarten 2018-2019 Application

	e Kindergart plying for:	en c	lass meet	ts from 8:30-2:3	30	
	4 Days		5 Days			
Day	ys preferred _					
Fre	nch, Manda	rin ('	Teachers	s for enrichment	f Yoga, Science and Engineering, Spanish class may be different according the see and will be 8-12 weeks long.	
	Weekly Enrichment class (day TBD) 2:30-3:30					
Ĺ	tional and bi Early Care After Care	7:30	0-8:30 (iı	in advance ncludes breakfa	st)	
Chi	ld's Name: _				Child's Birthdate:	
Mother's Name:					Email Address:	
Mother's Phone Number:			mber:	-	Father's Phone number	
Father's Name:					Email Address:	
Add	dress:					

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?