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 2018-2019 Application

Applying for:

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

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

❑ Early Care 8:00-8:30 ❑ 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 _____