

Application for Admission—Infants



Fair Oaks Preschool

301 North Orange Grove Blvd • Pasadena, California 91103
(626) 229-9957 www.fairoakspreschool.com
fairoakspreschool@sbcglobal.net

Child's Name: _____ Date of Birth: _____

Residence Address: _____

City: _____ Zip Code: _____

Parent Name: _____

Parent Name: _____

Address: _____

Address: _____

Phone Home: _____

Phone Home: _____

Cell/Work Phone: _____

Cell/Work Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

I would like my child to attend: Fulltime _____ (M-F)

Part-time _____ (Four days-circle days) M T W TH F

Part-time _____ (Three days-circle days) M T W TH F

Part-time _____ (Two days-circle days) M T W TH F

I became interested in Fair Oaks Preschool through: _____

Interested in starting in: _____

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Office use only

Date Application for Admission was submitted: _____ Tour Date: _____

Date Nonrefundable Registration fee paid: _____ Amount: _____

Sibling in Program: _____ Member of the Neighborhood Church: _____

Start Date: _____

Class: _____

6 months _____

1 ½ _____

2 ½ _____

3 ½ _____

4 ½ _____

5 _____

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Child's Name: _____

Date of Birth: _____

1. What types of learning experiences are you expecting the Teaching Staff to provide your infant/toddler?

2. What type of feeding and sleeping schedule do you envision your infant following? _____

3. It is summertime, you arrive to pick up your infant (6-18 months) and they are covered in paint? What do you do and/or say? _____

4. Describe the ideal infant Caregiver. _____

5. The first couple months that a infant enter group care they will be exposed to other infants germs. What plan do you have in place when your infant gets sick? _____

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6. During the school year what type of questions or concerns do you envision approaching your child's teacher with?

7. A child brings the book, "Heather Has Two Moms," to school for the Teaching staff to read during circle time. What is your respond as a parent? _____

8. In what ways would you like to participate at Fair Oaks Preschool? _____

9. Sibling? Yes or NO

10. Name(s) of school(s) sibling attend. _____

11. Please include any additional information that be of help as we consider your child's application. _____

Thank you taking the time to fill out this application and allowing us to get to know your family better.

*Please mail this application to: Fair Oaks Preschool
301 North Orange Grove
Pasadena, California 91103*

All Infant applications will be held for 1 years from the date of the received application.