

# Application for Admission - Toddlers



## 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 \_\_\_\_\_

*Fair Oaks Preschool -- Application for Admission — Toddler*

*Child's Name:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

1. Has your child ever been in a Children's Center, Family Daycare or had a Nanny? If so, what was your previous experience like \_\_\_\_\_

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2. What approach do you think the Teaching Staff should take when a child bites another child? \_\_\_\_\_

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3. It is summertime, you arrive to pick up your child, and they are barefooted and covered in paint? What do you do and/or say? \_\_\_\_\_

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4. Describe the ideal teacher. \_\_\_\_\_

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5. What type of boundaries do you expect to set for your toddler at home? \_\_\_\_\_

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6. When a child is engaging in Toilet Learning what do you think are the responsibilities of the Teaching Staff in this process? \_\_\_\_\_

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7. At what age do you expect your child to no longer be on the bottle or nursing? \_\_\_\_\_

8. 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? \_\_\_\_\_

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9. Sibling? Yes or NO

10. Name(s) of school(s) sibling attend. \_\_\_\_\_

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11. In what ways would you like to participate at Fair Oaks Preschool? \_\_\_\_\_

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12. Please include any additional information that be of help as we consider your child's application. \_\_\_\_\_

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*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 Toddler applications will be held for 1 year from the date of the received application.*