



Los Altos Parent Preschool
 201 Covington Rd Los Altos, CA 94024
 (650) 947-9371
 www.lapp4kids.org

For Office Use Only		
	Date	Check # Amount
Session Fee:	_____	_____
App Received:	_____	
Revised 3-22-17		

APPLICATION – TODDLER TIME

- Family new to LAPP
- Continuing LAPP family
- LAPP alumni = graduate of _____ program in _____ (year)

Please select which session in which you wish to enroll:

- Fall Session: Sept 13th – Dec 6th, 2017
- Winter/Spring Session: Jan 6th – April 4th, 2018

Child's Name _____	Date of Birth _____
Name child will use in school _____	Sex M or F _____
Name of Work Parent/Guardian _____	Relationship to child _____
Spouse/Partner's Name _____	Relationship to child _____
Home Address _____	
City _____	Zip code _____
Parent/Legal Guardian Cell Phone (_____) _____	Work/Home (_____) _____
Email _____	
Spouse/Partner's Cell Phone (_____) _____	Work/Home (_____) _____
Email _____	

Other children in your household:

Name _____	Age in September _____
_____	_____
_____	_____

In an emergency, please contact:

Name _____	Phone Number _____	Relationship to the child _____
_____	_____	_____
_____	_____	_____

To complete your application, please submit:

- This application form
 - Session fee (\$275 per session)
 - Proof of negative TB test (work parent)
 - Proof of immunization against measles and pertussis (work parent)
 - Current immunization record (child)
- } These three items due within 60 days of class start date

Los Altos Parent Preschool admits students of any race, color, gender, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, religion, and national or ethnic origin in administration of its educational policies, admissions policies, scholarship and other school-administered program.