

**A Child's Garden School
At The Church of Our Saviour
www.OurACGS.org**

535 West Roses Road | San Gabriel CA 91775 | 626.282.2731
Application for Enrollment | 2016-2017

Child's Name _____

Birth Date _____ Sex _____ Nickname _____

Home Address _____ City _____ Zip _____

Additional Address _____

Home Phone _____

E-Mail _____

When do you wish to begin at A Child's Garden School? _____

- > **Tiny 2's may only apply for M/W/F, T/Th or M-F from 9 AM to 12 PM [noon]**
- > **Children between 2yrs/9mo (toilet trained) and 5yrs/4 mo may apply for any option**
- > **Please write your preferences below.**

Are you applying for: 2 days ; 3 days ; 5 days

Pre-Kindergarten: Age _____ *(Please note: The older Pre-K children must be 4 years/6 months by September of the year they enter the class. Young Pre-K children must be 4 years/1 month by September. All Pre-K enrollments are 5 days.) Criteria are subject to change depending on the age of the enrolled population.*

Surround Care: 7:30 – 9 AM; 12:30 to _____ PM *the latest we are here is 4:30 PM*

1] Parent Name _____

Employer _____

Occupation _____

Business Address _____

Business Phone _____ Cell Phone _____

2] Parent Name _____

Employer _____

Occupation _____

Business Address _____

Business Phone _____ Cell Phone _____

Does your child have any special needs? If Yes, Please explain

Does your child speak English? Yes; No

What language is spoken in your home _____

Number of children in your home _____ Names and ages: _____

Have brothers or sisters attended ACGS? Yes; No

Has your child been in pre-school before? Yes; No

If Yes, where? _____

Is your child registered in Sunday School? _____

Do you attend another church or place of worship? _____

Would you like information about other family programs at the Church of Our Saviour?

Yes _____ No _____

How did you learn about our school? _____

Are parents together? _____ | With whom is the child living? _____

Who is financially responsible for the child? _____

Please tell us about your family, hobbies, interests, pets, sports, arts etc.

For Office Use:

Date application received _____

Fee _____

Parents Tour _____

Waiting List _____

Admitted _____

Discharged _____

By _____