

SKYLINE PRE-SCHOOL
12540 Skyline Boulevard, Oakland, CA 94619
(510) 530-0884 / License No. 010200602

Preschool Use Only <input type="radio"/> Deposit <input type="radio"/> Packet <input type="radio"/> Accepted

Application for Enrollment

Name & Address of Parent(s)/Guardian(s):

Application Date: _____

Email: _____

Phone Number: _____

Number of children in family to be considered for enrollment:

Name of Child

Age – Birthdate

Proposed Start Date

Program Preferred:

_____ 5 Day (All Day) _____ *4 Day (All Day) _____ *3 Day (All Day) _____ 5 Day (Morning Only)

*Check days preferred: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri

Pre-paid After Care 4:31 - 6PM Yes _____ No _____

Childcare arrangements: If your child is currently enrolled in a pre-school program, parent co-op, home day-care or day-care center, give name and a brief description of program and activities.

Give reasons) why you wish to move your child from the present situation:

Offer any concerns about your child's needs or readiness for school (educational, emotional, etc.):

Signature of Parent/Guardian

Please return this form with the Registration Fee of \$100.00 per child (non-refundable) as soon as possible to ensure your child's enrollment.

If you have any questions, email Director Alana Pinsler: alana.pinsler@gmail.com