

3480 Las Flores Canyon Malibu, CA 90265 (310) 456-7111 sunshine@oakspreschool.com

Preschool/PreK 2023-24 Application

| Applying for: ☐ Preschool | ☐ Pre Kinderga | arten |
|--|----------------|-------------------------------|
| □ 3 Day | ☐ 4 Day | ☐ 5 Day |
| Days preferred | | |
| ☐ Half Day 9:00-1:0☐ Early Care 8:30-9 | 00 | ll day 9:00-2:30 2:30-3:00 |
| Child's Name: | | |
| Child's Birthdate: | | _ |
| Mother's Name: | | _ |
| Email Address: | | _ |
| Phone Number: | | - |
| Father's Name: | | - |
| Email Address: | | _ |
| Address: | | |

| Please explain why you are interested in Under the Oaks for your child. | | | | | | |
|---|--|--|--|--|--|--|
| Please describe any special circumstances that may have affected your child's school experience. | | | | | | |
| Please describe your child's interests. | | | | | | |
| Has your child received, or is he or she now receiving special tutoring, counseling or therapy? Has your child received an educational diagnosis? If yes, please include the nature and dates of service and attach a copy of the evaluation. | | | | | | |
| Please identify any health situations the school should know about, such as diagnosis, allergies, therapies (physical or psychological), medications. Please attach any assessments and medical diagnosis. | | | | | | |
| In what ways would you be interested in participating in our school? | | | | | | |
| Please attach a photo of your child to this application if possible. Thank you. | | | | | | |
| PAYMENT for \$75 Application fee only | | | | | | |
| Credit card payment: x□ Visa □ MC □ AMEX □ Check Payable to Under the Oaks | | | | | | |
| 3% surcharge on all Credit Card charges | | | | | | |
| Card Number Expiration Date/ numbers on back Zip Code | | | | | | |
| | | | | | | |
| Parent or Guardian Signature | | | | | | |
| Print Name Date | | | | | | |
| Under the Oaks ECC, 3480 Las Flores Cyn, Malibu CA 90265 (310) 456-7111, (310) 266-7139 | | | | | | |