



1749 N. Avalon Boulevard  
 Wilmington, CA. 90744  
 Phone # 310-549-0303  
 Fax # 310-952-9927  
[www.swlckidz.org](http://www.swlckidz.org)

**APPLICATION FOR ADMISSION**

Date Applied: \_\_\_\_\_ Is your child Potty Trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Last First Middle Initial

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Street City Zip

**Mother:** \_\_\_\_\_  
 Full Name Cell Phone Work Phone E-Mail Address

**Father:** \_\_\_\_\_  
 Full Name Cell Phone Work Phone E-Mail Address

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

List other members of household  
 Name Relationship Age  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your child attended pre-school before? \_\_\_\_\_ if yes, please give name and address of pre-school and dates attended:  
 \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name any handicaps which may interfere with normal activity \_\_\_\_\_

Does your child have any special problems or fears? \_\_\_\_\_

Does your child need help in: Dressing \_\_\_\_\_ washing hands \_\_\_\_\_ Toilet \_\_\_\_\_ Eating \_\_\_\_\_?

How did you first hear about SWLC? \_\_\_\_\_

What is your major reason for sending your child to SMALL WORLD LEARNING CENTER PRE-SCHOOL?  
 \_\_\_\_\_

I hereby grant permission for my child to participate in field trips with SWLC.

***ALL ACCOUNTS MUST REMAIN CURRENT. A two week written notice must be given when withdrawing your child out of SWLC.***

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Start Date \_\_\_\_\_

Monthly Payments:

Weekly Payments:

Registration Paid: \$ \_\_\_\_\_

Tuition Payment Due: \$ \_\_\_\_\_

Services Desired: M-F Full Time:  (6:30am-6:00pm)

M-F Half Days:  (8:00am-12:30pm)

3 Days a week: M T W TH F (Circle the 3 days you want your child to attend)

Half Day  All Day