1749 N. Avalon Boulevard
Wilmington, CA. 90744
Phone # 310-549-0303
Fax # 310-952-9927
www.swlckidz.org

APPLICATION FOR ADMISSION

Date Applied/Returned: _____ Potty Training ☐ **NO** Potty Training ☐

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

Address: _____ Home Phone #: _____
Street City Zip

Mother: _____ _____ _____
Full Name Cell Phone E-Mail Address

Father: _____ _____ _____
Full Name Cell 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.

Services Desired: M-F Full Time: ☐ (7:30am-5:30pm) M-F Half Days: ☐ (7:30am-12:00pm)

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

_____ _____
Signature of Parent or Guardian Date

OFFICE USE ONLY

Start/Return Date _____ Monthly Payments: ☐ Weekly Payments: ☐

Registration: $_____ Tuition Payment Due: $_____