



## Learning Pathways Preschool Enrollment Application

Please check the location that you wish to enroll your child

- 4115 Jacksol Drive, San Jose \_\_\_\_\_
- 831 Malone Road, San Jose \_\_\_\_\_

### Program Enrollment (Please check one):

Full Day x5 w/ Extended Care \_\_\_\_\_ (5 days per week, before 8am and/or after 5pm)

Full Day x5 \_\_\_\_\_ (5 days per week, 8am-5pm)

Full Day x4 \_\_\_\_\_ (4 days per week, 8am-5pm)

Full Day x3 \_\_\_\_\_ (3 days per week, 8am-5pm)

Half Day x5 \_\_\_\_\_ (5 days per week, 8am-12:00pm)

Half Day x4 \_\_\_\_\_ (4 days per week, 8am-12:00pm)

Half Day x3 \_\_\_\_\_ (3 days per week, 8am-12:00pm)

### Child's Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M F Start Date: \_\_\_\_\_

Name of School/Center Child Previously Attended:  
\_\_\_\_\_



## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

---

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

---

**Person(s) or Agency that has legal Custody of Child (if applicable):**

\_\_\_\_\_

Phone # for party with legal custody (if different from parent):

\_\_\_\_\_



**Emergency Information**

Allergies or Intolerance to Food, Medication and/or other Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

---

**Names, Addresses and Phone Numbers of two (2) people to contact if parents CANNOT be reached**

1. Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Person(s) Authorized to Pick Up Child:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Person(s) NOT Authorized to Pick Up Child\*:**

---

---

\* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

---



## Agreements

1. Learning Pathways agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes Learning Pathways to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.\*
  - NOTE: If there is an objection to seeking emergency care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.
3. The parent/guardian agrees to Learning Pathways' rules and regulations as described in the policy guidelines found in the Parent Handbook (provided).
4. The parent/guardian agrees to inform Learning Pathways within 24 hours or the next business day after his/her child or **any** member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

## Signatures

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_



**Office Use**

**Tuition Amount:** \_\_\_\_\_ **Deposit Received:** \_\_\_ **Cash** \_\_\_ **CC** \_\_\_ **Check#** \_\_\_\_\_

Date Child Entered Learning Pathways: \_\_\_\_\_

Date Child Departed Learning Pathways: \_\_\_\_\_

**Office Use Only – Identity Verification**

Place of Birth: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), a passport, a copy of the placement agreement or other proof of the child’s identity from a child placing agency or a certification by a director of a school in the U.S. that a certified copy of the child’s birth record that was previously presented. While Learning Pathways is not required to keep proof of the child’s identity, documentation of viewing this information must be maintained for each child.

