



Application for Enrollment

El Montecito Early School

1455 East Valley Road, Santa Barbara, Ca 93108

Email: Christine@ElmoPres.org

Student Information

Today's Date: _____

Student's Name: _____ Date of Birth: _____ Gender: _____

Home Address: _____

Church Affiliation: _____

Is your child potty trained? _____

For which year are you applying: Fall of 20XX? _____

What year do you plan for your child to start Kindergarten Fall of 20XX? _____

Has your child had previous school experience? _____

Please **circle** your program preference:

Monday, Wednesday, Friday: Half Day(8:45-12:45) **or** Full Day(8:45-2:45)

Tuesday and Thursday: Half Day(8:45-12:45) **or** Full Day(8:45-2:45)

Monday through Friday: Half Day(8:45-12:45) **or** Full Day(8:45-2:45)

What would you like your child to gain from her/his preschool experience?

Mother's Contact Information:

Mother's Name: _____

Cell: _____ Email: _____

Father's Contact Information:

Father's Name: _____

Cell: _____ Email: _____

Siblings: Name Age School Attending _____

\$100 Registration Fee Due with Application