



# Application for Enrollment

## El Montecito Early School

1455 East Valley Road  
Santa Barbara, Ca 93108  
805-969-3566

### Student Information

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Is your child toilet- trained? \_\_\_\_\_

For which year are you applying? \_\_\_\_\_ 2010-2011 \_\_\_\_\_ Beyond?

What year do you plan for your child to start Kindergarten? \_\_\_\_\_

Has your child had previous school experience? \_\_\_\_\_ If so, where and, for how long?

### 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? \_\_\_\_\_

### Father's Information:

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different): \_\_\_\_\_

Work # \_\_\_\_\_ Company \_\_\_\_\_ Title \_\_\_\_\_

### Mother's Information:

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Work#: \_\_\_\_\_ Company: \_\_\_\_\_ Title \_\_\_\_\_

Siblings:	Name	Age	School Attending
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\$100 Registration Fee Due with Application  
Payable to El Montecito Early School  
1455 East Valley Road, Santa Barbara CA 93108  
[www.elmopres.org/earllyschool](http://www.elmopres.org/earllyschool)