

# **LOS GATOS ACADEMY PRESCHOOL INC.**

**A Non-Profit Corporation**

**License no. 434407962**

**16837 Placer Oaks Rd. Los Gatos, CA 95032**

**PH: 408.242.9342**

## **Admission Checklist**

\_\_\_\_\_ I have read a copy of the Los Gatos Academy Preschool Parent Handbook online, [http://www.losgatosacademypreschool.org/parent\\_handbook](http://www.losgatosacademypreschool.org/parent_handbook), and agree to follow the policies and procedures set forth.

\_\_\_\_\_ I have received and read the current Admission Agreement and agree to abide by the guidelines. I understand that Los Gatos Academy Preschool does not make any adjustments to tuition fees due to holidays, in-service days, or vacation days that are taken/observed by the school, staff, and/or families that we serve.

\_\_\_\_\_ I have received a copy of Los Gatos Academy Preschool's holiday and event schedules. Schedules are subject to change.

\_\_\_\_\_ I understand that Los Gatos Academy Preschool reserves the right to terminate a child's enrollment due to non-payment of fees, behavioral problems, or for any other reason without a refund.

\_\_\_\_\_ I give my consent for Los Gatos Academy Preschool to provide any/all emergency medical, dental and/or vision care prescribed by a duly licensed physician or dentist under various conditions necessary to preserve life, limb, or well-being of my dependent child.

\_\_\_\_\_ I give consent for Los Gatos Academy Preschool to make any necessary relocation and/or release decisions deemed necessary to provide the safety and care of my child.

\_\_\_\_\_ I grant permission for my child to join the class on neighborhood walks.

\_\_\_\_\_ I grant permission for my child to be photographed by the school or professional photographers. I understand that some unnamed school photos may be used for the school's website or publications.

\_\_\_\_\_ I am aware that Los Gatos Academy Preschool occasionally plans field trips for the Jr.-K Class where additional fees may be charged. I understand that if my child does not attend the field trip, care will not be available at the school on these field trip days.

\_\_\_\_\_ I have handed in or received the forms required by the Department of Social Services – Community Care Licensing Division:

- \_\_\_\_\_ LIC 700 Emergency Information
- \_\_\_\_\_ LIC 701 Physician's Report
- \_\_\_\_\_ LIC 702 Health History
- \_\_\_\_\_ LIC 627 Consent for Emergency Medical Treatment
- \_\_\_\_\_ Immunization Card from Dept. of Health
- \_\_\_\_\_ LIC 995 Parent's Rights (received)
- \_\_\_\_\_ LIC 613A Personal Rights (received)

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Parent/Guardian Name (print full name)	Parent/Guardian Signature	Date
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