

## Preschool Enrollment Package

Childs' Name	Calliope Montano					
Date of Birth	11/6/2020					
Age	4 years					
Gender	Female					
Has your child been to a Preschool before?	No					
If Yes, Where and for How long?						
Weekly \$Full Time 5 days						
Monthly \$Full Time 5 days						
Monthly \$Full Time 3 days	760					
Weekly \$Full Time 3 days	190					
Monthly \$Full Time 2 days						
Weekly \$Full Time 2 days						
		Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast		✓		✓		✓
Lunch		✓		✓		✓
Snack		✓		✓		✓
Hours of Care						
Hours of Care (ex 9-5)		0	0			
Request starting date	11/04/2024					
How did you hear about us	Yelp					
Mother's Name	Megan Montano					
Social Security #	613302465					
DL #	E2494048					
Address	1311 Ditwood Place					
City	La Habra					

State	Ca
Zip	90631
Email	Megmartinez89@gmail.com
Home Phone	17144704705
Place of Employment	UC San Diego
Cell Phone	17144704705
Job Title	Senior Associate Director
Work Phone	
Fathers's Name	Johnny Montano
Social Security #Father	552630943
DL #Father	B7615710
AddressFather	1311 Ditwood Place
CityFather	LaHabra
StateFather	CA
ZipFather	90631
EmailFather	Johnny.montano@gmail.com
Home PhoneFather	
Place of EmploymentFather	Self employed
Cell PhoneFather	2092617212
Job TitleFather	
Work PhoneFather	
Custody Information	
Marital Status	Married
List any allergies your child has	None
My child excels in	Creativity
My child needs help in	Language - annunciation
Parent's evaluation of child's personality	Slow to open up
Does your child have any special needs/problems/fears?	No
Additional information we should know about your child	None
Date	10/25/2024
Parent/Guardian's Signature	

*Megan Montano*

I/We the undersigned parents/legal guardian(s) of

Megan Montano

01. Pay tuition at a weekly rate of

190

Monthly rate of

760

15. I/ We, the undersigned parents of legal guardians of

Megan Montano

17. It is understood that as the parent(s) or legal guardian(s) of

Megan Montano

Dated

AUTHORIZED REPRESENTATIVE OF KIDS ADVENTURE

PARENT OR LEGAL GUARDIAN SIGNATURE

	Weekl y or M onthly	Discou nt Type / Amou nt	Classr oom	Total Tuition

	In	Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Childs Name:

Birth Date:

Today's Date:

1. How many wet diapers a day approx.:

2. How often does your child have a bowel movement:	
3. Any special comments or concerns in reference to diapering/toileting:	
4. Method preferred for toilet training:	
5. Specific equipment used and time line of use as directed/provided by parent as well as a timeline of introduction of appropriate clothing:	
Parents Name	
Date(Toilet planing)	
Center Representative:	
Daytime Phone# :	
DateToilet planing 2	
Signature (Toilet planing)	
Child's Name:	
Classroom:	
Contact 1 Name	
Contact 1 Cell Phone #	
Email 1	
Contact 2 Name	
Contact 2 Cell Phone #	
Email 2	