



Enrollment Application for 2010

Child's Last Name: _____		First Name: _____	
Nickname: _____		Date of birth: _____	
Enrolling in: <input type="checkbox"/> Preschool <input type="checkbox"/> Daycare (Child must be 2-1/2 years or older to enroll in preschool program)			
PARENT OR GUARDIAN INFORMATION			
(1) Last Name: _____		First Name: _____	
Relationship to child: _____			
Address: _____		City, Zip: _____	
Phone 1: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 2: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 3: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Email: _____			
Employer: _____			
(2) Last Name: _____		First Name: _____	
Relationship to child: _____			
Address: _____		City, Zip: _____	
Phone 1: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 2: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Phone 3: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Email: _____			
Employer: _____			



Preschool Day and Time Preference (for children 2-1/2 and older)					
(Check applicable boxes)	Monday	Tuesday	Wednesday	Thursday	Friday
Preschool (9:00 am - 1:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early (8:00 am – 9:00 am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part P.M. (1:00 pm – 3:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full P.M. (1:00 pm – 5:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late (5:00 pm – 6:00 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Day and Time Preference (for children under 2-1/2 years)					
(Write start and end times for each day desired)	Monday	Tuesday	Wednesday	Thursday	Friday
	_____	_____	_____	_____	_____

Our Tuition Rates and Schedule

Preschool Program			
	3 days/wk	4 days/wk	5 days/wk
Preschool (9:00 am - 1:00 pm)	\$577	\$740	\$888
Early (8:00 am – 9:00 am)	\$114	\$148	\$180
Part P.M. (1:00 pm – 3:00 pm)	\$228	\$296	\$360
Full P.M. (1:00 pm – 5:00 pm)	\$432	\$560	\$680
Late (5:00 pm – 6:00 pm)	\$114	\$148	\$180
Daycare Program (hourly rates)			
\$9.00 20 or more hours/week	\$9.50 < 20 hours/week; 8 hr. day minimum	\$11.00 partial day (less than 8 hr. day minimum)	

For office use only:	
Preschool ____ -day _____	Daycare _____ hours
Extra Care _____	Rate: _____



Previous Childcare Information: (Please include family day care, nanny, preschools, etc.)	
Has your child had previous child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Facility: _____	
Address: _____	
Name of primary caregiver: _____	
Phone: _____	Attended From: _____ To: _____
Does your child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (please include any food allergies): _____	
Please tell us a little bit about your child: _____	

Parent/guardian Signature

Date

**Please return this form along with your \$25.00 non-refundable application fee
(checks only made out to “The Little Red Wagon”)**

The Little Red Wagon
1229 Richmond St.
El Cerrito, CA 94530
Phone: (510) 846-7881

