

a cooperative community since 1953

Application for Admission

Family Information Gender _____ Child's Name ___ First MiddleChild's Age on September 1st of the year for which you are applying: _ MonthsParent/Guardian 1 FirstM.I.Relationship to Child ______ Phone____ Address _____ Street Address CityStateZipOccupation/Interests _____ Parent/Guardian 2 ______ First M.I. Relationship to Child ______ Phone_____ Address □ Check if same as above $Street\ Address$ CityStateOccupation/Interests _____ Child's Sibling(s) (if any)_____

Name(s) / Age(s)

Additional Information

Please check <u>all</u> applicable categories, and provide the information requested: Active Member of Crestwood Hills Homeowners' Association (dues paid) Sibling of Current or Former Student _ Name, Class (if current) or Year Graduated (if former) Child of Alumni Name, Year(s) Attended Referred by Crestwood Staff or Family _____ Previously Applied to Crestwood Hills Preschool _____ YearEarly Childhood Programs Attended _____ Program/School and Year(s) Child Currently Attending Other Preschool_____ School and Year(s) How did you first learn about Crestwood?

Help Us Get to Know You

Please answer each of the following questions briefly, in 150 words or less. Feel free to attach a separate sheet of paper should you need more space.

<u>Sibling Applicants</u>: If your child is a sibling of a current or former Crestwood student, you may skip questions #1-3, and #4 is optional.

<u>1.</u>	What are your hopes for your child's preschool experience/education?
9	What attracts you to Creatwood Hills Preschool?
∠.	What attracts you to Crestwood Hills Preschool?
3.	Crestwood is committed to sustaining a diverse and inclusive community. Describe
	the ways in which your family would support and contribute to these core values.

4. If there is anything else that you child and/or family, please share.	n believe will assist us in getting to better know yo
* Please submit your completed appli Ca 90049, <u>OR</u> via email to <u>members</u>	ication via mail to 986 Hanley Avenue, Los Angele hip@crestwoodhillscoop.org.
* Please attach a family photograph	(an informal selfie is just fine!).
be considered until the fee has been ☐ Electronic payment online via the htm ☐ Check payable to Crestwood Hills Pr ☐ Credit Card. Provide the information	accompany your application. Applications will not paid. Please select one option: tps://crestwoodhillscoop.org/admissions reschool, mailed or dropped off in-person. below or call the school office at 310-472-1566 to
provide it over the phone.	
Cardholder Name	Type (Visa, M/C, Amex) Billing Zip Code
Credit Card Number	Exp. Date Security Code
Parant/Guardian A	cknowledgment and Signature
All of the information I/we have provid submitting an application, our family is	led is true and complete. I/We understand that by s not guaranteed admission. If our circumstances esidered, we will promptly notify the school.
Parent/Guardian 1 Signature	
Parent/Guardian 2 Signature	
Application Submission Date	
Tour Date (Month/Year)	(A tour, led by our membership team, is considered. Please register online if you have not toured
Financial Aid □ Please check if you would like additi	ional information about Financial Aid at Crestwoo
For Office Use Only	
	☐ Tour Completed ☐ Family Photo
☐ Application Fee	\(\square\) Family Photo