



Magic Roots Preschool

6441 W. 83rd Street. Los Angeles, CA 90045
(310) 740-0712 • admin@magicrootspreschool.com
Lic. # 197494759

Enrollment Application

Please Print

Student Name: _____ **Date:** _____

Age: _____ **Date of Birth:** _____ Male Female

Address: _____ **City:** _____ **Zip:** _____

Phone: _____

Parent/Guardian Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Employer:** _____

Work Phone: _____ **Cell/Pager** _____

Email Address: _____

Parent/Guardian Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Employer:** _____

Work Phone: _____ **Cell/Pager** _____

Email Address: _____

In the case of divorce, who has legal custody of the child? _____

(*Please note: The Director needs to be notified as to any restrictions regarding who may take the child from the center.)

List other children in the home (name & age): _____

Has your child had previous experience in a preschool setting? Yes No

Where? _____

Has your child had play experiences with other children? Yes No Ages? _____



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Does your child know any children enrolled in our center? Yes No

Name(s): _____

How would you describe your child? _____

Is your child potty trained? Yes No Since: _____

Does your child have any fears we should be aware of? _____

How did you hear about our program? _____

Upon enrollment at Magic Roots Preschool, we try to do our best to accommodate schedule requests. Please circle below your ideal schedule for your child to attend. Please indicate if you are flexible on days.

M T W Th F Month and Year you are applying for: _____

Additional information: _____

Payments

Before your child can attend Magic Roots Preschool, the following payments must be received:

1. A \$100.00 non-refundable registration fee.
2. Upon acceptance to the program one half month's tuition as a deposit. This deposit will be applied to your child's last month at Magic Roots Preschool and is non-refundable.
3. One full month of tuition.



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I/We acknowledge that Magic Roots Preschool has provided me/us with Enrollment Forms.
I/we have read the enrollment forms and agree to their contents.

Signature: _____

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

OFFICE USE ONLY

Monthly Fee: _____
Person(s) Responsible For Payment: _____

Start Date: _____ Withdrawal Date: _____

Enrollment Fees Paid: _____ Date: _____ Method of Payment: _____
Deposit Paid: _____ Date _____ Method of payment: _____

Additional Information: _____
