



Desired Start Date: _____

Student Profile

First Name		M.I.	Last	
DOB	Gender M or F	Ethnicity	Primary Language	
Address	City		Zip	
Siblings Enrolled in WVCA Preschool/WVCA?				
Home Phone	Student Lives with <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Both <input type="radio"/> Other			
If student does not live with both parents, who has legal custody of the child?				
Do you have a court order? <input type="radio"/> Yes <input type="radio"/> No If yes, please attach a copy to application.				

Student History

What are your hopes for enrolling your child in WVCA Preschool?
Has your child previously attended another school or child care?
If yes, how was your child's experience?
Has your child been asked to withdrawal from a previous school or child care or has a previous care provider expressed concern regarding behavior?
What are your child's strengths?
Has your child ever been evaluated or assessed for a developmental or mental concern or have a current IEP or IFSP? If yes, explain. Submit required copy of IEP/IFSP at time of application.

Parent Referral *applicable for students never before enrolled in WVCA Preschool-8*

Referred by _____



WEST VALLEY
CHRISTIAN ACADEMY
 PRESCHOOL - 8TH

West Valley Christian Academy Preschool
2021-2022 School Year Application
WVCAPreschool.com
 LIC# 390307976

Family Profile Authorized Representative (Parent/Guardian)

Name	MI	Last	Relationship
Address		City	Zip
Place of Employment		City	
Home Phone	Cell Phone		Work Phone
Driver's License #	DOB	Social Security #	
Email			

Additional Authorized Representative (Parent/Guardian)

Name	MI	Last	Relationship
Address		City	Zip
Place of Employment		City	
Home Phone	Cell Phone		Work Phone
Driver's License #	DOB	Social Security #	
Email			

Requested Program Option: *I have read the West Valley Christian Academy Preschool Fee Schedule in its entirety _____ initials. Please Check Requested Program Option:*

Program Option	Selection Options- See Fee Schedule	Selection
Pre-Kindergarten Children turning five by SEP 1, and eligible for kindergarten entry.	Monday-Friday Full Day	
	Monday-Friday Part-Day	
Preschool Children ages 2-4. Must be toilet trained.	Monday-Friday Full Day	
	Monday-Friday Part Day	

Please submit all completed applications hardcopy to 1790 Sequoia Blvd. Tracy, CA or by email to admissions@wvcapreschool.com. Submission of application does not guarantee placement.



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Consent for Student Release

I, _____ the authorized representative of _____,
_____, _____, give permission for West Valley Christian Academy
Preschool through 8th Grade to photograph my child for classroom use as an enrolled student. I further
authorize the use of my child(ren)'s image in the following through the conclusion of enrollment: Please
circle Y (Yes) or N (No).

Y or N Yearbook

Y or N Website and Marketing Materials

Y or N Social Media Posts

Y or N Newsletter

Authorized Representative Signature: _____ Date: _____

Completed Applications Checklist:

- WVCA Preschool Application
- WVCA Preschool Admissions Agreement
- Community Care Licensing Documents located at WVCAPreschool.com under the "Preschool Enrollment" tab
- Physician Report from the last calendar year dated at time of enrollment
- Up-to-date immunization Record

*Upon completion and submission of the completed application, an interview, and orientation date will be
scheduled. Enrollment is confirmed with receipt of an acceptance letter from WVCA Preschool Director or
Admissions Department.*

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