

West Valley Christian Academy Preschool

1790 Sequoia BLVD.
 Tracy, CA 95376
admissions@wvcapreschool.com



Desire Start Date: _____

Student Information

First Name:		M.I.:	Last Name:	
Birthdate:	Age:		Sex: M or F	Ethnicity:
Siblings Enrolled in WVCA Preschool/WVCA:				
Does your child wear underwear successfully in multiple environments, and accident free?				

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, did your child have positive 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? If yes, explain.
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? If yes, explain.

Authorized Representative (Parent/Guardian)

First Name:		Last Name:		Relationship:
Address:		City:	Zip Code:	
Home Phone:	Cell Phone:		Work Phone:	
SSN:	CA Driver License #:		Representative Live with the Parent? Y or N	
Email Address:				

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Additional Authorized Representative (Parent/Guardian)

First Name:		Last Name:		Relationship:
Address:		City:	Zip Code:	
Home Phone:	Cell Phone:		Work Phone:	
SSN:	CA Driver License #:	Representative Live with the Parent? Y or N		
Email Address:				

Requested Program Option- *I have read the West Valley Christian Academy Preschool Fee Schedule _____ initial. Please Check Requested Program Option:*

Program Option	Selection Options- <i>See Fee Schedule</i>	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	

Consent for Student Release

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

Y or N Yearbook

Y or N Website and Marketing Materials

Y or N Newsletter

Authorized Representative Signature: _____ Date: _____