



**Application for Enrollment**  
**El Montecito Early School**  
PO Box 5369  
Santa Barbara, Ca 93150  
805-969-3566  
jenny@elmopres.org

**Student Information**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

For which year are you applying? \_\_\_\_\_ Beyond? \_\_\_\_\_

What year do you plan for your child to start Kindergarten? \_\_\_\_\_

Has your child had previous school experience? \_\_\_\_\_ If so, where and for how long? \_\_\_\_\_

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**Please circle your program preference:**

Monday, Wednesday, Friday: Half Day(8:45-12:45) or Full Day(8:45-2:45)

Tuesday and Thursday: Half Day(8:45-12:45) or Full Day(8:45-2:45)

Monday through Friday: Half Day(8:45-12:45) or Full Day(8:45-2:45)

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What would you like your child to gain from her/his preschool experience?

**Mother's Contact Information:** Name: \_\_\_\_\_

cell phone : \_\_\_\_\_ email: \_\_\_\_\_

**Father's Contact Information:** Name: \_\_\_\_\_

cell phone : \_\_\_\_\_ email: \_\_\_\_\_

**Siblings: Name Age School Attending** \_\_\_\_\_

**\$100 Registration Fee Due with Application**