

PARENT/STUDENT INFORMATION

Describe what areas of ONEgeneration Preschool you find attractive.

In what ways are you able to contribute to ONEgeneration Preschool?

Please tell us any pertinent information about your child.

Note: A nonrefundable fee of \$200 must accompany this form. | Please make checks payable to ONEgeneration Preschool .



Today's Date

ONEgeneration Preschool  
6 weeks to 6 years old  
17400 Victory Blvd. Van Nuys, CA 91406  
Tel:(818)708-6377  
www.onegeneration.org

Child's Name	Middle Name	Last Name
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Please attach a recent photo of your child.

Date of birth

Country of citizenship

Place of birth

PREVIOUSLY ATTENDED PRESCHOOLS

Name of present or most previous school (if applicable)

Dates attended

School address

Phone number

FAMILY INFORMATION

Parent/Guardian Name

Title (please check one) ☐Ms. ☐ Mrs. ☐ Miss. ☐Mr. ☐ Dr.

Street address

City, state, zip code

Home telephone

Cell phone

E-mail address

Parent’s/Guardian’s Birthplace

Parent/Guardian Name

Title (please check one) ☐Ms. ☐ Mrs. ☐ Miss. ☐Mr. ☐ Dr.

Street address

City, state, zip code

Home telephone

Cell phone

E-mail address

Parent’s/Guardian’s Birthplace

Billing statements are sent (Please check all that apply.)

☐ Father ☐ Mother ☐ Guardian Other\_\_\_\_\_

Applicant lives with (Please check all that apply.)

☐ Father ☐ Mother ☐ Guardian Other\_\_\_\_\_

PARENT/STUDENT INFORMATION

Does your child have any developmental delays you are aware of?

Please describe your child’s personality, noting strengths as well as weaknesses.

Describe any special circumstances that might affect your child’s behavior at school, including emotional or physical development, medication, or frequent changes of home.

PARENT/STUDENT INFORMATION

What experiences do you as a parent look forward to gaining from Onegeneration Preschool?

What experiences do you hope your child will obtain at Onegeneration Preschool?

Does your child have an IEP?

WORK INFORMATION

Name of Parent/Guardian

Business Name

Business address

Occupation

Title

Business Phone Number

Business Fax Number

E-mail address

Name of Parent/Guardian

Business Name

Business address

Occupation

Title

Business Phone Number

Business Fax Number

E-mail address

SIBLING INFORMATION

Name of Sibling(s)	M or F	Birth Date	Present School	Grade

ADDITIONAL INFORMATION

Relatives who have attended ONEgeneration Preschool:

How did you learn about ONEgeneration Preschool?

PARENT/STUDENT INFORMATION

Please describe any additional classes or groups your child participates in.

What is your child's native language?

What other languages does your child know how to understand/speak?