



2024 Preschool Registration Form

Please CHOOSE the Campus:

<p><input type="checkbox"/> Olive @ St James (18mos – 5 yrs) 34700 Fremont Blvd (510) 770-4999 preschool.sj@olivechildren.com</p>	<p><input type="checkbox"/> Little STEaMers (8wks-5 yrs old) 43531 Mission Blvd. (510) 770-4848 info@littlesteamers.org</p>	<p><input type="checkbox"/> Olive @ Warm Springs (1.5 – 5 yrs) 47385 Warm Springs Blvd (510) 770-4003 preschool.ws@olivechildren.com</p>
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Start Date: ____/____/____ to ____/____/____

Today's Date: _____

Student Name: _____ **New/Return Student:** _____

Date of Birth _____ **Current Age:** _____ ; **Potty Trained:** ____ Yes; ____ No

Email: _____ **Home phone:** _____

Address: _____

Mom Name: _____ **Father Name:** _____

Mom Phone: _____ **Father Phone:** _____

Mom Email: _____ **Father Email:** _____

Mom Occupation: _____ **Father Occupation:** _____

Mom Employer: _____ **Father Employer:** _____

Preferred E-mail for Billing: ____ Mom; ____ Father

Please **MARK** the program you would like to enroll your child. (Age requirement as of September 1st)

Program (check one)	# Days	Time	Monthly
<input type="checkbox"/> Infant Care (Little STEaMers ONLY) (8 wks – 17 mos)	<input type="checkbox"/> 5 Full Days	9:00 – 5:00 pm	___ \$2,760
	<input type="checkbox"/> 3 Full Days	9:00 – 5:00 pm	___ \$2,360
	<input type="checkbox"/> 5 Half Days	9:00-12:00pm	___ \$2,160
<input type="checkbox"/> Preschool 1 (Toddlers) (18 mos - 2.5 years old)	<input type="checkbox"/> 5 Full Days	9:00 – 5:00 pm	___ \$2,080
	<input type="checkbox"/> 3 Full Days	9:00 – 5:00 pm	___ \$1,880
	<input type="checkbox"/> 5 Half Days	9:00-12:00pm	___ \$1,680
<input type="checkbox"/> Preschool 2 (3 – 4 years old)	<input type="checkbox"/> 5 Full Days	9:00 – 5:00 pm	___ \$1,980
	<input type="checkbox"/> 3 Full Days	9:00 – 5:00 pm	___ \$1,780
	<input type="checkbox"/> 5 Half Days	9:00-12:00pm	___ \$1,580
<input type="checkbox"/> Pre-K Transitional Kinder (4 - 5 years old)	<input type="checkbox"/> 5 Full Days	9:00 – 5:00 pm	___ \$1,980
	<input type="checkbox"/> 3 Full Days	9:00 – 5:00 pm	___ \$1,780
	<input type="checkbox"/> 5 Half Days	9:00-12:00pm	___ \$1,580
<input type="checkbox"/> Extended Care (Monthly)	5 AM PM	8-9 am 6-7pm	\$200 \$300
	3 AM PM	8-9 am 6-7pm	\$150 \$250

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For Office Use Only:

- Date Received Application: _____
- Date Processed Application: _____
- Registration Fee: New: \$100 Return: \$50
- Payment Plan: \$_____ Monthly Payment
- Material Fee: \$350 Yearly Payment (prorated)
- Extended Care Weekly fee: \$ 100 for either morning or Evening; \$150 for both the time
- Security Deposit: \$300 (refundable with 30 days written notice)
- Total Amount: \$_____ (Make check payable to Olive Children | Little Steamers)

Other Forms: Date Completed

- _____ **Lic 700** (Identification & Emergency Information)
- _____ **Lic 701** (Physician's Report)
- _____ **Lic 702** (Preadmission Health History)
- _____ **Lic 627** (Consent for Emergency Medical Treatment)
- _____ **Lic 613A** (Personal Rights)
- _____ **Lic 9221**(Parent Consent for Administration of Medicine)
- _____ **Lic 995** (Notification of Parents' Right)
- _____ **Received, Read, and Returned signed Parent Handbook**

Notes:

Date Paid: _____, **Cash/Check:** _____, **Amount Paid:** _____, **Received By:** _____