



# CENTERS OF LEARNING

8854 HASKELL AVENUE • NORTH HILLS, CA 91343  
TEL: 818.894.3213 • FAX: 818.893.8074

MAILING ADDRESS:  
P.O. BOX 2037 • NORTH HILLS, CA 91393

## APPLICATION FOR ADMISSION

### Early Childhood Program

Date: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Student Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Male \_\_\_ Female: \_\_\_

Pupil lives with: \_\_\_\_\_ Home Language: \_\_\_\_\_

Church affiliation: \_\_\_\_\_ Address: \_\_\_\_\_

School last attended: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Is student toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student premature? Yes \_\_\_\_\_ No \_\_\_\_\_ By how much? \_\_\_\_\_

Was or is student developmentally delayed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Has student ever received educational or psychological testing, tutoring, remediation, or special educational services? \_\_\_\_\_

If so, what was the diagnosis? \_\_\_\_\_

What age(s) were services provided? \_\_\_\_\_

What services were provided (i.e., Resource program, special day classes, speech, vision services, etc?) \_\_\_\_\_

\* Has student ever been placed on an Individualized Educational Plan (IEP)? \_\_\_\_\_

If so, what was the IEP diagnosis and what services were recommended or received? \_\_\_\_\_

Date of last IEP meeting \_\_\_\_\_ Please supply Centers of Learning with a copy of the most recent complete IEP.

\* Is student taking any medications or receiving educational therapy? \_\_\_\_\_

If so, for what diagnosis? \_\_\_\_\_

\*Please provide documentation of any tutoring, remediation or special services, IEP's, tutoring records, etc.) with the completed application. Failure to disclose educational or psychological testing and/or remediation will result in the student's dismissal from Centers of Learning.



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Family Information

Father/Guardian

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Profession/Position: \_\_\_\_\_ Email: \_\_\_\_\_
Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Business Address: \_\_\_\_\_

Mother/Guardian

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Profession/Position: \_\_\_\_\_ Email: \_\_\_\_\_
Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Business Address: \_\_\_\_\_

Have you applied to Centers of Learning before? \_\_\_\_\_ If yes, what year? \_\_\_\_\_
How did you find Centers of Learning? Internet \_\_\_\_\_ Banners \_\_\_\_\_
Referred by: \_\_\_\_\_ Other \_\_\_\_\_

Parents' Comments

What do you believe is your child's greatest strength? \_\_\_\_\_
Please note any academic and/or social weakness of which we should be aware: \_\_\_\_\_
What are you looking to be provided by Centers of Learning for your child? \_\_\_\_\_
Additional Comments: \_\_\_\_\_

Important Note: Any pertinent information not disclosed will result in non-acceptance or immediate dismissal from Centers of Learning.

Parent Signature \_\_\_\_\_