



**Linda Vista Children's Center**

1259 Linda Vista Ave.

Pasadena, CA 91103

626-449-0985

[www.lvcckids.org](http://www.lvcckids.org)

**APPLICATION FOR ADMISSION**

Date of application \_\_\_\_\_ Waiting List expires \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

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

Parent 1: Employment \_\_\_\_\_

Work address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Parent 2: Employment \_\_\_\_\_

Work address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

I would like my child to attend:

Full-time \_\_\_\_\_ (M-F 7:00a.m. - 6:00p.m.)

Part-time \_\_\_\_\_ (Three full days - M /W /F) OR Part-time \_\_\_\_\_ (Two full days - T/Th)

Preferred start date \_\_\_\_\_

Referred by \_\_\_\_\_

***Please return this application with a non-refundable \$50 Application Fee payable to LVCC. If a space is not available at this time, we will hold a limited number of applications on the Waiting List for up to one year.***

***When a space is offered: A non-refundable one-month Tuition Deposit AND a one-time New Family Fee in the amount \$250 per child is required to guarantee the space. A space WILL NOT BE GUARANTEED until the Tuition Deposit is paid.***

***If the spot is secured and you postpone the start date: Tuition is due for the months the space is being reserved.***

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Application fee paid: Check # \_\_\_\_\_ Date \_\_\_\_\_ Start Date \_\_\_\_\_

Tuition Deposit paid: Check # \_\_\_\_\_ Date \_\_\_\_\_ Room Assignment \_\_\_\_\_