



Preferred start date: _____

Children must be 2 by September 1
We will call you in December to schedule a tour for January

Which school would you like to attend? ___ College Avenue ___ Taft Avenue ___ Either

CHILD INFORMATION

Child's Full Name: _____ Nickname: _____

Applications Date: _____ DOB: _____ Gender: _____ Race: _____

FAMILY INFORMATION

Parent Name: _____ email: _____

Phone: h _____ w _____ cell _____

Home Address: _____ City: _____ zip: _____

Parent Name: _____ email: _____

Phone: h _____ w _____ cell _____

ENROLLMENT INFORMATION

If you have other children currently enrolled at RLS please list their name? _____

What is your reason for seeking a preschool program? _____

How did you hear about Rockridge Little School? _____

Please circle your preferred days of enrollment: Monday Tuesday Wednesday Thursday Friday

Please circle your preferred times of enrollment: drop-off: 8:00 or 9:00 pick-up: 12:45 3:00 5:30

Are you flexible on days/times? If so, please explain: _____

Please include a \$40.00 application fee

5918 Taft Avenue Oakland, California 94618 510-658-2034

5951 College Avenue Oakland, California 94618 510-420-1200 www.rockridgelittleschool.com