

Imagination Academy Preschool and Kindergarten

2032 Hillcrest Ave, Antioch, CA 94509 925-754-6771

Child Information:

Name _____ Birth date: _____ Gender: M ___ F ___

Language(s) spoken at home: _____

Last school child attended: _____

Sibling(s) name(s): _____ Age(s): _____

Special Notes: _____

Allergies or Medical Conditions: _____

Primary Parent Information:

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Place of employment: _____

Cell Phone: _____ Occupation: _____

Work Phone: _____ Ext.: _____ Email Address: _____

Second Parent Information:

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Place of employment: _____

Cell Phone: _____ Occupation: _____

Work Phone: _____ Ext.: _____ Email Address: _____

Preschool Schedules: Options are 5 days, 3 days or 2 days per week.

Extended day 6:30am-6:30pm M T W Th F

School day 8:30am-4:30pm M T W Th F

Half day AM 8:30am-12:00am M T W Th F

Kindergarten half day care M T W Th F

Start Date: _____ Date received: _____

Room Placed: YPS PS KP KG

Monthly tuition: \$ _____

Deposit = ¼ of monthly tuition: \$ _____ Deposit collected: _____ Ck # _____

Subsidy: CoCoKids _____ Stage I _____ Stage II _____ No Subsidy _____

Enrollment Packet Received: _____ Brightwheel Entry: _____