

Mills College Children's School

Early Childhood Application

2020-21

Child's Name

Birthdate

Nickname

Which gender pronoun(s) does your child use?

she/her he/him they/them

Or indicate another pronoun here: _____

Parent #1's Name _____

she/her he/him they/them

Or indicate another pronoun here: _____

Parent #1 Phone _____

home cell work

Parent #1's E-mail Address

Parent #1's Occupation & Employer

Parent #1's Home Address

City, State, Zip Code

This is the child's primary residence

Parent #2's Name _____

she/her he/him they/them

Or indicate another pronoun here: _____

Parent #2 Phone _____

home cell work

Parent #2's E-mail Address

Parent #2's Occupation & Employer

Parent #2's Home Address

City, State, Zip Code

This is the child's primary residence

If you would prefer to fill out this application online, visit the Early Childhood Admissions page on our website for a link.

Please list first and last names of legal parents/guardians:

Is either parent an employee or student at Mills College? _____

If so, in which department? _____ Class of _____

Your child's siblings:

NAME	BIRTHDATE	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____

How did you first learn about the Children's School?

What school does your child currently attend? _____

Name of current teacher _____

Phone _____ Email address _____

Check here to give permission for us to contact this teacher.

Please indicate why you are considering transferring schools:

The Children's School values the diversity of our community. Please specify how you would like to be identified in terms of your family's ethnicity, racial make-up, and/or cultural background. Is there a first language, other than English, being spoken in your home? Feel free to share any other aspect of your family constellation, as well.

Please circle your 1st, 2nd, and 3rd choices for pick-up times and classrooms, depending on the age that your child will be by 8-31-20:

Infant/Toddler	Younger Preschool	Transitional K
<i>5-28 months old</i>	<i>28-48 months old</i>	<i>48-60 months old</i>
M-F 8:30-3:30	M-F 8:30-12:00	M-F 8:30-3:30
M-F 8:30-5:30	M-F 8:30-3:30	M-F 8:30-5:30
	M-F 8:30-5:30	

A one-time, non-refundable \$75 application fee payable to Mills College Children's School is required at the time this application is submitted. Please complete and sign reverse side.

Deadline for siblings applying to both Elementary and Early Childhood: January 17, 2020.

Infant/Toddler, Preschool, and TK application deadline: February 28, 2020.

Applications should be received or postmarked by the above dates for consideration in our first round of admissions, with decision letters mailed on Monday, April 6, 2020. After these deadlines, applications are accepted all year round and considered if space is available. Any subsequent openings are filled on the basis of maintaining balanced and diverse classroom populations.

For office use only: Fee _____ Picture _____ Tour _____

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5000 MacArthur Boulevard, Oakland CA 94613

510.430.2118 www.millscollegechildrenschool.org 510.430.3223 fax

Please describe your child briefly. (Do they have any special interests or hobbies? What makes them happy? What's hard for them?) Feel free to type answers on a separate document (1 page limit).

What do you feel are the most important aspects of a classroom experience for your infant, toddler, or preschooler?

What do you see as your primary role in your child's education?

What do you hope your child will gain from their experience at the Children's School?

Families are asked to contribute 20 volunteer hours per year (10 hours for single parents). What interests, talents or resources would you be interested in sharing? What other ways would you like to be involved in the Children's School community?

Please list any medical, behavioral, psychological, or academic diagnoses that your child may have. If you have diagnostic reports or IEPs, we ask that you include copies with your application. (Failure to disclose such information in the application process may result in forfeiture of enrollment.)

Please list names and phone numbers of any learning specialists, therapists, or counselors that your child now sees or has seen in the past (include time period).

Please check here to give permission for us to contact the above-named people.

Additional requirements:

Tour: Please indicate date(s) that you visited _____.

\$75 application fee (\$100 for two siblings, \$125 for three). Please make check out to Mills College Children's School or MCCS.

Recent photo of your child and/or family.

Signature of parent/guardian: _____ Date: _____

Print name: _____ Relationship to applicant: _____

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