

Please fill out the application and send back the completed forms to us via mail with a non-refundable \$125.00 application fee.

Checks can be made out to River East School LLC.

MAILING ADDRESS: 4316 LA CLEDE AVE. | LOS ANGELES | CA | 90039

### **REQUESTED YEAR OF ADMISSION:**

CENEDAL INFODMATION

Email Address:

CENERAL IN ORMATION				
Child's Name:	MIDDLE	LAST		
Preferred Gender Pronoun: Date of Birth:				
Ethnicity:				_
Address:				
Home Phone Number:				
FAMILY INFORMATION				
Parent/Guardian Name:				
Home Address (if different fro	om child):			_
Occupation:				
Cell Number: Work number:				
Email Address:				
Parent/Guardian Name:				_
Home Address (if different fro	om child):			_
Occupation:	En	nployer:		
Cell Number:				
Cell Nullibel:	VVOIR III	umber:		



Does your child have	any sibilings:						
Sibling Name:	Age:	School they att	end (i	if ap	plic	able	<b>)</b> :
<del></del>							
Please feel free to sh	are any plans you	u have for expanding	your f	ami	ly uı	nit: _	
Please name parent	who has legal cu	stody (if applicable):					
Who does your child	reside with?						
TELL US MORE ABOU	UT YOUR CHILD #	AND FAMILY					
• •		n joining the River Ea e most important, 1 bein			•	•	nt)
<ul> <li>Philosophy, teach</li> </ul>	ning practices, te	acher skills	1	2	3	4	5
<ul> <li>Parent partnersh</li> </ul>	nip and participat	tion	1	2	3	4	5
<ul> <li>Learning environ</li> </ul>	ment and mater	ials for children	1	2	3	4	5
• Proximity to hom	ne/work/hours of	operation	1	2	3	4	5
• Reputation and/o	or referral from of	ther RES family	1	2	3	4	5
Place list referral (if	applicable).						



What other factors are of high value to you when considering a preschool program?
What other schools have you applied to?
How did you hear about us?
If accepted, what would be the ideal schedule for your child? Please let us know your schedule preference. We are currently offering 2, 3, and 5-day schedules. Don't forget to check out our tuition rates on the admissions page of our website!



Tell us a little about your family- who lives with you, what you like to do togethe your culture, traditions, etc.:
Please share about any group care or social experiences that your child has had:
Does your child have any particular food allergies or medical conditions that require special attention?
Is your child toilet learned?



ADMISSIONS APPLICATION
How would you describe your child?
What does your child love to do?
What hopes, dreams and goals do you have for your child? How do you see Rive East playing a part in their growth and development?



In response to the COVID-19 pandemic, River East School has adopted a strict Health & Safety policy to protect the entire RES community. As part of our admissions process, you may be asked to do a health screening phone call to ensure that you are able to adhere to the policies that keep the community safe. River East School operates as a high-risk, immunocompromised community, and as the Friends are unable to be vaccinated themselves, we ask that all adults and family members who are able to be vaccinated, are vaccinated against Coronavirus. If you do have a medical exemption, we ask that you please reach out to us.



ln ۱	vour opinion	what does a	a wonderful a	nd fulfilling	day for y	vour child	look like?
	, our opinion,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>a ***</i>	1104 10411111111119	$\alpha\alpha$	,	10011 111101

Signature of parent completing form:	
Date:	

Please use the following page for any additional information you would like to share!

Thank you so much for your time. We'll be in touch with you soon!

Sending love,

The RES team

4316 LA CLEDE AVENUE | LOS ANGELES | CA | 90039 WWW.RIVEREASTSCHOOL.ORG



Please feel free to share...