



Pacific Preschool

www.pacificesd.org/preschool
50 Ocean Street/P.O. Box H
Davenport, CA 95017
831-425-7002

PACIFIC PRESCHOOL ADMISSION AGREEMENT

Student's Name _____ Student's Birth Date _____

RECIPT OF HANDBOOK

I have received and reviewed the Pacific Preschool Handbook, available here:

www.pacificesd.org/preschool-handbook.html

I agree to the terms and conditions stated within the handbook. I understand that the handbook is periodically updated as needed.

Signed by Parent _____ Date _____

ENROLLMENT DEPOSIT – Select One

I am enclosing a \$100 non-refundable registration fee. The registration fee holds the slot for the fall and is in addition to the monthly tuition payments. **OR**

I qualify for State Preschool Free Tuition based on the income guidelines & will **call by April 15 to make an appointment** to fill out income eligibility forms. I will bring proof of income and other required documents at this time.

Signed by Parent _____

KINDERGARTEN PRIORITY

My student will have priority enrollment in Pacific Elementary School Kindergarten (5-Day, Independent Study, or Home Study) if I complete all necessary steps (www.pacificesd.org/returning-family-deadlines.html) by February 1. However, I understand that my student is not guaranteed admission, with the exception that Davenport residents may always enroll in the 5-Day program.

Signed by Parent _____

Rev. March 2021

