



801 Via de la Paz, Pacific Palisades, CA 90272
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License # 191600808

APPLICATION FOR ADMISSION

Desired Date of Enrollment: _____ Home Phone: _____

Child's Name _____ Birthday _____ Gender _____

Address _____ City/State _____ Zip _____

Child lives with: Both parents Parent 1 Parent 2 Divides time between parents Other

Parent 1: Name _____ Occupation _____

Employer _____ Bus Phone _____ Cell _____

Parent 2: Name _____ Occupation _____

Employer _____ Bus Phone _____ Cell _____

E-mail we should use to communicate with you about application: _____

Name of child's MPS sibling or legacy, if applicable: _____ Dates(s) at MPS _____

Are you a member of the Community United Methodist Church of Pacific Palisades? Yes No

How did you hear about us?

Which factors led to your decision to apply to MPS?

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION: 1) Application fee of \$125.00 (fee is non-refundable and does not apply toward tuition.) 2) A photo of your family.

MPS strives to create and maintain a school community that is a blend of cultures, ethnicities, socioeconomic levels and religions. There are a variety of factors that contribute to our decision-making process in the enrollment of new families. These include: gender and age of the child, whether the child is a sibling of a currently enrolled student or a legacy, whether the parents are members of the Community United Methodist Church of Pacific Palisades, the desire to create a diverse community, and the date of submission of application. There is not one single factor that determines whether a family is offered a space at MPS but, rather, it is a blend of the factors stated above.

Parent/Guardian Name

Parent/Guardian Signature

Date

For office use:

Received _____ Payment ck. # _____ or cash _____

Revised 1/17