All Children
Great & small
Preschool

Our Mission: To provide a preschool community that relishes the spirit of childhood and allows children to flourish and grow into kind, strong, capable people for a world that needs them.

Child's Name_____

Gender: M or F

Child's Date of Birth_____

Has another member of your family attended ACGS? Y or N

If yes, please share their name_____

Did your child attend another school before ACGS? Y or N

If yes, name of the school and reason for leaving the school:

_____

_____

Please enter your desired start date (Month/Year):_____

Please enter your desired schedule** (minimum 3 half days):

	Half Day (9:00-12:00)	Full Day (9:00-3:00)	Extended Care (until 5:30)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

**While we try to accommodate every family's preference, we also must do our best to uphold one of the major tenets of ACGS, which is diversity and inclusivity.

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Please circle one or more of the following that best describes your child. If you need more space in order to describe the diversity of your child or family, please continue on the back of this sheet.

African American Asian Caucasian Hispanic Indian
Middle Eastern Native American Pacific Islander
Other _____

Language Spoken by the Child: _____

Does your child have any special needs or accommodation? Y or N
If yes, please explain

_____

_____

_____

_____

Anything else you'd like us to know about your child or your family?

_____

_____

_____

_____

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We understand that there are many different kinds of families. Please let us know a little about yours! (Circle the term that best fits for you and please feel free to write in, if you do not identify with the options provided).

Family/Guardianship:

Married Partnered Divorced Single Parent Separated Foster Parent

Parent/Guardian #1

(Mother/Father/Other)_____

Address_____

City, State, Zip_____

Phone #_____

Email Address_____

Occupation/ Title_____

Employer/Name of Company_____

Ethnicity of Parent #1_____

Parent/Guardian #2

(Mother/Father/ Other)_____

Address (if same as above, skip to Phone #)_____

City, State, Zip_____

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Phone # _____

Email Address_____

Occupation/ Title_____

Employer/Name of Company_____

Ethnicity of Parent #2 _____

How did you hear about our school?

_____

If recommended by a current family, whom shall we thank for your application?

_____

When submitting the application, please include the $50 application fee.
Ways to pay:

1. Email Application to ACGS Enrollment
2. Via our website -

   https://www.allchildrengreatandsmall.com/makeapayment (Online payment is $52 to include the PayPal service fee, which is 2.9%)

3. Check payable to Great and Small Inc and send to 4612 Welch Place, Los Angeles, CA 90027



4. Zelle Payment