



Livermore School Application and Wait List

Child Information			
First Name			
Last Name			
Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date to Start School	
Campus DANVILLE <input type="checkbox"/> DUBLIN <input type="checkbox"/> LIVERMORE <input type="checkbox"/> ORINDA <input type="checkbox"/> PLEASANT HILL <input type="checkbox"/>			
Class Information			
Before and After Care is available before and after class. Child care is available 7am-9am and 12pm-6:30pm.			

Prep Class (2 years – 3½ years)

Please choose any schedule of 2 or more days per week	
9 - 12 <input type="checkbox"/> M-F OR <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri OR <input type="checkbox"/> Flexible	

Primary (3 years – 6 years)

Please choose any schedule of 2 or more days per week	
You can add the 12 – 3 class one or more days per week	
9 - 12 <input type="checkbox"/> M-F OR <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri OR <input type="checkbox"/> Flexible	
12 - 3 <input type="checkbox"/> M-F OR <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri OR <input type="checkbox"/> Flexible	Must be 4 for this class

Allergies, Medical Concerns, or Special Needs
Please describe all allergies, medical conditions, or special needs. Failure to fully describe such items may result in a refused application or a safety risk to your child.

CONTINUED ON BACK

Mother/Co-Parent/Guardian Information

First Name	Last Name
Home Address	City, State, Zip
Home Phone	Cell Phone
Business Phone	Email

Father/Co-Parent/Guardian Information

First Name	Last Name
Home Address	City, State, Zip
Home Phone	Cell Phone
Business Phone	Email

Agreement

1. I agree to pay, when due, fees specified in Fountainhead's School Year Financial Information, a copy of which I acknowledge having received. Subject to the provisions of paragraph 2 below, in the event I wish to withdraw my child from school, I will give one (1) month's written advance notice or pay one (1) month's tuition.
2. **WITHDRAWALS ARE NOT ALLOWED AFTER APRIL 1st** unless you pay tuition through the end of the school year.
3. **YOUR FIRST INSTALLMENT IS NON-REFUNDABLE** unless Fountainhead cannot accommodate your child. It will be applied to your first installment charges and must accompany this application.
4. I have read and understand the policies in Fountainhead's brochure, a copy of which I acknowledge having received and reviewed. I understand and acknowledge that these policies are subject to change from time to time at the discretion of Fountainhead's Board of Directors, provided that there will be no change in the fees or tuition payable without thirty days advance notice. _____ Initial
_____ Initial
5. A confirmation of your application and additional paperwork will be sent to you. If you do not receive it, it is your obligation to contact Fountainhead promptly.

Parent/Legal Guardian's Signature

Date

Administrative Office: 6665 Amador Plaza Road #200, Dublin, CA 94568

Locations in: Danville, Dublin, Livermore, Orinda, and Pleasant Hill

Phone: 925.820.1343 Fax: 925.820.9193 Email: info@fms.org Web: www.fms.org