



The Seedling School

The Seedling School Application Form
1035 West Harrison Avenue • Claremont, California 91711
tel (909) 445-1235 • fax (909)625-4251 • www.foothillcds.org

*Note: In order to attend the Seedling School, children must be toilet trained and at least 2 ½ years old by the beginning of the school year they attend.
Application Fee – Please return this form with a non-refundable Application Fee of \$100.00. If you have any questions about the application process, please contact Hytoshia McDaniels, Director at bmcdaniels@foothillcds.org or (909) 445-1235.*

Child's Last Name _____ First Name _____ Middle Initial _____

Child's Date of Birth _____ Male Female

Preferred Schedule: Rooms 1,2 & 3 enrollment offers any of the schedules listed.
Rooms 4 & 5 enrollment only offers the Monday through Friday or all inclusive schedule.
All schedules may include the before and/or after school program.

- Monday-Wednesday-Friday – 9:00 am to 2:30 pm
- Tuesday-Thursday – 9:00 am to 2:30 pm
- Monday through Friday – 9:00 am to 2:30 pm
- All inclusive, Monday through Friday – 6:30 am to 6:00 pm
- Before School Program – 6:30 am to 9:00 am
- After School Program – 2:30 pm to 6:00 pm

Name(s) and Age(s) of Sibling(s) _____

Applicant lives with: Both Parents Mother Father Other

Parents are: Married/Domestic Partnership Separated Divorced Single Parent Deceased

Complete Name of Parent # 1: (circle) Mr./Mrs./Ms./Dr. _____

Complete Name of Parent # 2: (circle) Mr./Mrs./Ms./Dr. _____

Complete Name of Legal Guardian (if applicant does not live with parents): _____

To whom should future mailings be sent: Both Parents Parent #1 only Parent #2 only To All

Mailing Address:

Street _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ Email _____

Parent home address (if different from above):

Street _____ City _____ Zip _____

Parent #1 Occupation: _____ Business Phone: _____

Name of Employer: _____ Business Email: _____

Parent #2 Occupation: _____ Business Phone: _____

Name of Employer: _____ Business Email: _____

How did you learn of the school? *(Please be specific)* _____

My child has attended a pre-school: Yes No *(If so, where/when?)* _____

Please comment on your child's previous school experience and setting: _____

Why are you considering The Seedling School for your child? _____

Religious affiliation/preference *(response optional)* _____

Ethnicity *(response optional)* White/Caucasian Asian Black Hispanic/Latin Pacific Islander
Middle Eastern Native American Multi-Racial Decline to State

Primary language spoken in the home _____

The Seedling School has an institutional commitment to diversity. The Seedling School does not discriminate based on race, color, religion, national and ethnic origin, gender, sexual orientation, disability, or any other group protected under Federal law. This non-discriminatory policy covers admission and tuition assistance programs as well as all the rights, privileges, programs and activities generally accorded or made available to students at the School.

Parent/Legal Guardian Signature _____ Date _____
