

# WILD ROOTS FOREST SCHOOL

Meeting the World with Wonder

## Application

Please submit application by email to [registrar.wildroots@gmail.com](mailto:registrar.wildroots@gmail.com) or by mail to:  
3730 Avon Lane, Santa Barbara, CA 93105 phone ( 8 0 5 ) 5 7 0 - 3 0 8 7

A non-refundable fee of \$25.00 is due with the completed application. Payment by check made out to "Wild Roots" & mail to above address, or Google Pay to [wildroots.sb@gmail.com](mailto:wildroots.sb@gmail.com).

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Interested in:

\_\_\_ Mixed Age Preschool (1-5 days/week, 8:45am-1:00pm, ages 2.5 to 6 years)

Which days? \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

\_\_\_ Kindergarten (5 days/week, 8:45am-1:45pm, ages 5 & 6, age 5 by Sept)

PARENT/ GUARDIAN#1 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

PARENT/ GUARDIAN #2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Is child transferring from another school/program? \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Why? \_\_\_\_\_

Please tell us who else lives in the house with you (siblings, grandparents, friends, etc):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Any childhood illnesses? (i.e. chicken pox, whooping cough, etc.) \_\_\_\_\_

Please name type, severity, duration (approximate), and age of onset:

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Please list any allergies (food, environmental, medicines, insects, etc.), as well as frequency, severity and treatment:

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Does your child have a history of ear infections? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

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Do we have your permission to contact your child's previous teacher/caregiver? \_\_\_\_\_

If yes, please provide name, phone number and address: \_\_\_\_\_

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Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Wild Roots does not discriminate on the basis of gender, race, religion, or national origin in its admission policy or conduct of its educational programs.

FOR OFFICE USE ONLY:

Date Received:

Acknowledgment date:

Initials: