

Please completely fill out application, to ensure that your child is placed in various demographics during the lottery selection. Please print neatly or type.



**MODESTO JUNIOR COLLEGE
ME-WUK CHILD DEVELOPMENT LABORATORY &
FAMILY PARTICIPATION PRESCHOOL**

Application for Open Enrollment 2017-18

MJC Me-Wuk Child Development Laboratory & Family Participation Preschool is now accepting applications for children between the ages of 2 and 5 for the 2017-18 MJC academic year.

Fall 2017: September through December (M, W)

Spring 2017: January through April (M, W)

Summer 2017: June through July (T,W,Th)



- Children enrolling in Me-Wuk Preschool must be **AT LEAST THREE YEARS OLD**
- *A lottery system will be utilized for placement of children in the Me-Wuk Preschool utilizing the demographics on the application. The goal is to enroll a diverse group of children that represent the children of Stanislaus County*
- **IF ADMITTED:** each semester your child is enrolled throughout the academic year (fall, spring, summer), one parent/guardian from each family is required to enroll in, attend, and successfully complete a 6-hour parenting class through MJC Community Education each semester.

CLASS OFFERINGS

MORNING SESSION (Lab Practicum/Family Participation)

Monday and Wednesday mornings

8:30 AM – 11:30 AM

Cost: \$15.00 a day for each semester plus annual registration and parenting class fees.

Fees are due prior to start of each semester and are broken down into 2 monthly payments.



All families applying to the program are strongly encouraged to visit the program. Please call Sarah Ford, (209) 575-6329 or (209) 575-6357(fords@mjc.edu) to arrange a time to visit the program.

Visit www.mjc.edu/fcs **Early Care link for additional information**

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**MAIL THIS PAGE TO: MJC Me-Wuk Child Development Laboratory & Family Participation Preschool,
435 College Avenue, Modesto, CA 95350 or FAX 209 575-6989**

**2014/2015 -- ME-WUK CHILD DEVELOPMENT LABORATORY & FAMILY PARTICIPATION PRESCHOOL
Application for Open Enrollment/Lottery System Fall 2017, Spring 2017, Summer 2017**

AM Session (8:30-11:30 AM)

(If both boxes are checked, circle your first choice)

Child's First/Last Name: _____

Gender: _____ Birth date: _____

Child's Primary Address: _____ City & Zip: _____

Parent **(1)** Name: _____

Home Phone **(1)**: _____ Work Phone **(1)**: _____ Cell Phone **(1)**: _____

Parent **(2)** Name: _____

Home Phone **(2)**: _____ Work Phone **(2)**: _____ Cell Phone **(2)**: _____

Email address: _____

Permanent YCCD Employee? Yes No

Sibling previously enrolled in program? Yes No

Dates sibling(s) enrolled: _____

Did you submit an application last year (2015) for this same child? Yes No

How did you hear about this preschool program? _____

Referred by: _____

OFFICE USE ONLY:

Received _____ Confirmation Letter/Phone Call _____ Date Visited Program _____