



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

Application for Open Enrollment 2018-19

MJC Me-Wuk Child Development Laboratory & Family Participation Preschool is now accepting applications for children between the ages of 2 and 5 for the 2018-19 MJC academic year.

Spring 2018: January through April (M, W)
Summer 2018: June through July (T,W,Th)
Fall 2018: September through December (M, W)



- Children enrolling in Me-Wuk Preschool must be **AT LEAST THREE YEARS OLD**
- The enrollment is based on first come first served for any age eligible (3 years old) child.
- **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
9:00 AM – 12:00 PM

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

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

**or bring it to the West Campus, Child Development Office, John Muir Room 157
Mon-Thurs., 8:00-5:00, Fri. 8:00-4:30**

**2018/2019 -- ME-WUK CHILD DEVELOPMENT LABORATORY & FAMILY
PARTICIPATION PRESCHOOL**

**Application for Open Enrollment for the following terms:
Spring 2018, Summer 2018, Fall 2018**

AM Session (9:00AM - 12:00PM)

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 (2017) 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 _____