



Dear Prospective Parent,

Thank you for your interest in Pacific Shores Day School, where children set sail for a lifetime of learning!

We look forward to getting to know your family while sharing information about our wonderful program. We realize choosing a Junior Kindergarten program which offers your child the highest level of academic, creative, social and emotional growth can be a challenging task and we look forward to helping you navigate this process. If you need further assistance, please reach out to our Program Director, Mrs. Christina Rygiol, at [MissChristinaPSDS@gmail.com](mailto:MissChristinaPSDS@gmail.com). Of course, communicating openly with our staff, speaking with current and alumni families and visiting the campus are always the best ways to become familiar with our friendly, close-knit Junior Kindergarten academy. Please do not hesitate to utilize any of these terrific resources to support you throughout the application process. Applications may be mailed or hand-delivered to the school at the address below.

**Hand-delivered applications may be submitted between the hours of 9:30 a.m. and 12:30 p.m. Monday through Friday.**

**Pacific Shores Day School**  
2900 Pacific View Drive  
Corona del Mar, CA 92625

All applicants must attend a 1.5 hour screening appointment to help determine program eligibility. In order to obtain an assigned screening appointment, all applicants must submit their completed program application by January 31st. Please note, applications submitted after this deadline will not be accepted. Screening appointment letters will be mailed to each applicant's home within 14 business days of application receipt. Screening appointments take place in early February and are assigned on a first-come, first-served basis; applicants who submit their completed application in the most timely manner will be assigned an earlier screening appointment than those who submit their paperwork closer to the deadline. Admissions decisions will be made by March 1<sup>st</sup>.

For detailed information regarding the screening process, please visit the admissions page on our website: [www.pacificshoresdayschool.com/admissions](http://www.pacificshoresdayschool.com/admissions). Thank you again for your interest in our wonderful little school! Please do not hesitate to contact any of our staff members if we may be helpful to you in any way.

Thank you!

*The Pacific Shores Day School Administrative Team*



# PACIFIC SHORES DAY SCHOOL

*Where children set sail for a lifetime of learning*

## PROGRAM APPLICATION

**2022/2023 Academic Year**

### PROGRAM INFORMATION

Pacific Shores Day School is a full time Junior Kindergarten school providing high quality instruction 5 days per week, 10 months per year, not including major holidays. Our hours of operation are Monday through Friday from 8:45 a.m. until 1:45 p.m. The teacher to student ratio is 1:11 with a maximum of 22 students in the class. Children must be five years old by June 15th to be eligible for the program. Six-year-old children are not eligible for enrollment in Pacific Shores Day School.

### PROGRAM FEES

APPLICATION & SCREENING FEE	\$200.00 Due with Program Application, includes screening session
PROGRAM MATERIALS FEE	\$200.00 Included in Security Deposit payment
SPECIAL ACTIVITY FEE	\$65.00 Included in Security Deposit payment
NEW FAMILY REGISTRATION FEE	\$275.00 One-time new family processing fee, included in Security Deposit
SECURITY DEPOSIT PAYMENT	ALUMNI FAMILIES: \$3,635.00
	NEW FAMILIES: \$3,910.00 Includes New Family Registration Fee
MONTHLY TUITION	\$1,685.00 Due on or before the 1st day of each month, beginning October 1st
ANNUAL TUITION	\$16,850.00 Financial commitment for comprehensive 10-month program

Please note: Application Fee and Security Deposits are non-refundable. Other fees are refundable with 30 days written notice to withdraw from the program.

**APPLICATION FEE:** This fee accounts for the application review process as well as the screening appointment. Submission of the Application Fee does not guarantee placement in the program and is non-refundable. Candidates are considered officially enrolled once the office has received the Registration Packet and Security Deposit.

**NEW FAMILY REGISTRATION FEE:** This one-time processing fee applies to new families only. Alumni families (families with sibling(s) who previously attended Pacific Shores) are exempt from this fee.

**SECURITY DEPOSIT:** The Security Deposit consists of two Monthly Tuition installments ( $\$1,685.00 \times 2$ ) plus the Materials Fee (\$200.00) and Special Activity Fee (\$65.00). For new families, the New Family Registration Fee (\$275.00) is included in this payment as well. Receipt of the Security Deposit guarantees your student's placement in the program.

**MATERIALS FEE & ACTIVITIES FEE:** These fees cover curricular materials such as student workbooks, fine art supplies, cooking experience materials, STEM project materials, and items needed for special activities. These fees are required for participation in the program.

**TUITION:** Tuition is paid in monthly installments beginning with the Security Deposit payment upon registering for the program. The Security deposit accounts for two monthly installments and represents the first and last month's tuition payments plus the Materials Fee. Tuition is not prorated based on student attendance. The final tuition payment is due May 1st.

**[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

Date of Application Submission: \_\_\_\_\_

### **STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Name\*: \_\_\_\_\_ Gender: ☐ M ☐ F

\*Kindly note preferred first name if applicant is addressed by name **other than** given name (i.e. nicknames, abbreviated names)

At present, student lives with: ☐ Both parents (*together*) ☐ Mother ☐ Father ☐ Grandparents

☐ Other (*please clarify*): \_\_\_\_\_

### **FAMILY INFORMATION**

#### **Father's Information**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please indicate preferred method of contact: ☐ Primary Tel. ☐ Alternate Tel. ☐ Email ☐ U.S. Mail

Primary Telephone Number: \_\_\_\_\_ Alternate Tel. (*specify type*): \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

#### **Mother's Information**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please indicate preferred method of contact: ☐ Primary Tel. ☐ Alternate Tel. ☐ Email ☐ U.S. Mail

Primary Telephone Number: \_\_\_\_\_ Alternate Tel. (*specify type*): \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

#### **Sibling Information:**

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_ PSDS Alumni? ☐ Yes ☐ No

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_ PSDS Alumni? ☐ Yes ☐ No

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_ PSDS Alumni? ☐ Yes ☐ No

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_ PSDS Alumni? ☐ Yes ☐ No

### **EDUCATION HISTORY**

Name of Current School: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Current Teacher(s) Names: \_\_\_\_\_

List other schools, early childhood programs, and/or enrichment programs attended and attendance year(s): \_\_\_\_\_

What did you like most about your child's previous schools? \_\_\_\_\_

Why are you interested in enrolling your child in Pacific Shores Day School? \_\_\_\_\_

How did you learn about our Junior Kindergarten program? \_\_\_\_\_

Does your child have any learning differences, developmental delays, or behavioral difficulties of which you are aware?

☐ No ☐ Yes (please clarify) \_\_\_\_\_

Please provide any information regarding allergies, special diet or medications, health conditions or needs which may be unique to your child \_\_\_\_\_

Has your child been administered any diagnostic evaluations (either educational or psychological) privately or through the county and/or public school system? ☐ No ☐ Yes (please clarify) \_\_\_\_\_

Has your child been suspended, dismissed, or asked to withdraw from any school? ☐ No ☐ Yes (please clarify) \_\_\_\_\_

Where do you anticipate enrolling your child for his/her Kindergarten year? \_\_\_\_\_

Is there any additional information you wish to communicate concerning your child or your family? \_\_\_\_\_

**APPLICATION CHECKLIST** (the following must be submitted with this form to obtain screening appointment):

- ☐ Completed Program Application
- ☐ Copy of child's Birth Certificate
- ☐ \$200 Application Fee

**ELECTIVE ITEMS** (the following optional items are strongly encouraged as they are extremely helpful in determining program eligibility):

1. Copy of current Chancy & Bruce\* developmental assessment report  
    ☞ *\*Please visit <http://www.chancyandbruce.com/index.html> for information.*
2. Copy of student's most recent school progress reports, evaluations or report cards

**ACKNOWLEDGEMENT**

The undersigned agree that the information furnished on the Program Application form is completely confidential and that the Director will only disclose the information, for official purposes, at his/her discretion. The undersigned agree to accept all regulations of the school. The undersigned further agree to pay for the financial obligations set forth in the PSDS tuition fee schedule. PSDS reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the moral and ethical Christian principles the school encourages. I, the undersigned parent/guardian hereby declare, under the penalty of perjury, that I have answered all questions in the PSDS enrollment application process, whether in writing or otherwise, honestly and correctly and that, to the best of my knowledge, I have disclosed any relevant information relating to my child's background, including but not limited to information relating to educational issues, physical or mental health issues, behavioral or learning issues or any other personal issues which in any way may affect my child's ability to perform at PSDS or may affect his/her acceptance to PSDS. The undersigned recognize Community Care Licensing representatives, under California law, have the right to interview children and to view their records at any time. The undersigned acknowledges PSDS is not affiliated with or endorsed by the Lutheran Church of the Master.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date