

## San Juan Island-Preschool Application Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please circle days and length of care desired: M T W TH F

Full Day (8:30-5:30) Toddler Half Day Am( 8:30-12:30) Toddler Half Day PM(12:30-5:30)  
Morning Preschool (8:30-11:30) Afternoon Preschool/After Kindergarten (11:30-5:30)

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

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Other Household Members:

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



