

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: _____



