

Sycamore Christian Preschool

1111 Navellier Street
El Cerrito, CA 94530
(510) 527-9522



Application Form

School Year _____

Child's Name _____ Date of birth _____

Address _____ City/Zip _____

Telephone _____ e-mail _____

Names of Parents or Guardians

Mother: _____

Father: _____

Parents' Employment

Mother: _____ Telephone _____

Father: _____ Telephone _____

How did you hear about the preschool? _____

When would you like to enroll your child? _____

Number of days per week:

_____ Five days: Monday - Friday

_____ Three days: Monday, Wednesday, Friday

_____ Two days: Tuesday, Thursday

A nonrefundable \$50.00 registration fee must accompany this application to have your child placed on the enrollment list or waiting list.

Signed _____ Date _____
(Parent's signature)

For school use only: Date of enrollment _____