



APPLICATION

Name of Parent(s)/Guardian(s)

Address

Phone Number

Email

Child's name

Child's date of birth

Male/Female (circle one)

_____ I wish to place my child on the waiting list for September 20_____
Note: the minimum age requirement is 2 years, 9 months by September 1.

_____ Please consider my child for any position that may become available for the current school year

I have read the informational brochure and understand the financial and cooperative obligations should my child be enrolled at Highlands Preschool. I understand that by submitting this application and the non-refundable \$50 application fee my child will be placed on the waiting list and is not guaranteed enrollment in the school.

To place your child on the waiting list, please mail the application along with the non-refundable \$50 fee to:

Vice President, Membership
Highlands Preschool
400 Highland Avenue
Piedmont, CA 94611

Signed

Date