



Tamalpais Preschool

Application: 2021-2022 School Year

Child's Name: _____

Child's Birthdate: _____ M _____ F _____

Parents' Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Days Desired: *please select option(s) that you are interested in:*

- _____ 2 Days (Tues/Thurs)
- _____ 3 Days (Mon/Wed/Fri)
- _____ 5 Days (Mon - Fri)
- _____ Pre-K (Mon-Fri)

We will contact you with registration information and availability once we receive your request. Please feel free to reach out with any questions to:

- Marcela Amador, Director: director@tamalpaispreschool.org

Mail completed form to: PO Box 1012, Mill Valley, CA 94942 or
Email to: director@tamalpaispreschool.org