

## Strawberry Preschool Enrollment Wait List

loday's Da	te:	Child's Birth Date:			
Child's Nar	ne:	Gender:	M	F	
Parents' No	ames:				
Address:					
City:		Zip Code:_			
Daytime Te	el:	Evening Tel:			
Email:					
Year of Enr	ollment:				
Session:	Tuesday-Thursday (2	Day Program)			
	Monday-Wednesday-Friday (3 Day Program)				
	Monday- Friday (5 Day Program)				
	Pre-Kindergarten (5 I	Day Program)			

Age Requirements (September of entering year)

2 years and 9 months for our 2 day classes

3 years and 4 months for our 3 day classes, or 5 day classes

4 years and 6 months for Pre-Kindergarten

Please remit \$100 wait list fee and mail to: Strawberry Preschool, P.O. Box 1012, Mill Valley, CA 94942-1012