



Strawberry Preschool
Application: 2022-2023 School Year

Child's Name: _____

Child's Birthdate: _____ M _____ F _____

Parents' Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Programs - please select option(s) that you are interested in:

- _____ Tues/Thurs (Begins at 2.5 years old)
- _____ Mon/Wed/Fri (Begins at 3.0 years old)
- _____ 5 Day Preschool (Begins at 3.2 years old)
- _____ Pre-Kindergarten (Begins at 4 years old)

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

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

Lisa Vaillancourt, Director : (415) 388-4437, director@strawberrypreschool.org

TAMALPAIS-STRAWBERRY PRESCHOOLS, INC. * PO BOX 1012 * MILL VALLEY * CA * 94942