



Tamalpais Preschool

Application: 2020-2021 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)

There is no application fee. Please print and complete this form, then mail to the PO Box below (or scan/email) back to us. We will contact you with all relevant information and availability once we receive your request. Feel free to reach out with any questions to Marcela Amador, Director: director@tamalpaispreschool.org