



Strawberry 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: _____

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

- Tues/Thurs (2 ½-3 years 2 months): _____ (not available 2020-21)
- Mon/Wed/Fri or 5 Day Preschool (starting at 3 years 2 months): _____
- PK (starting at 4 years 2 months): _____

Mail: PO Box 1012, Mill Valley, CA 94942 or email: strawberrypreschool@gmail.com

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 : strawberrypreschool@gmail.com