



Strawberry Preschool

Application for 2020-2021 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): _____
- Mon/Wed/Fri or 5 Day Preschool (starting at 3 years 2 months): _____
- PK (starting at 4 years 2 months): _____

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 Lisa Woods, Director: strawberrypreschool@gmail.com