Serendipity Pre-School's
Waiting List
Information

Child Information:

First Name:_____ Last Name:_____

Date of Birth: _____ Male ( ) Female ( )

Is this your child's first school experience? (Yes) (No)
Is your child toilet trained? (Yes) (No)

Parent #1 Information:

First Name:_____ Last Name:_____

Home Address:_____

City/State/Zip: _____

Home Phone:_____ Day Time Phone:_____

Cell Phone:_____ E-Mail Address:_____

Parent #2 Information:

First Name:_____ Last Name:_____

Home Address:_____

City/State/Zip: _____

Home Phone:_____ Day Time Phone:_____

Cell Phone:_____ E-Mail Address:_____

Requested Program Schedule: (CIRCLE)

DAYS PER WEEK: 2 DAYS 3 DAYS 4 DAYS 5 DAYS

DAYS OF THE WEEK: MON. TUES. WED. THURS. FRI.

SESSION TIMES: 9:00-12:00 12:30-3:30 8:00-5:30

8:00-12:00 12:30-5:30 9:00-5:30

IF THE ABOVE REQUEST IS FLEXIBLE, PLEASE CIRCLE ITEM(S) BELOW:

FLEXIBLE ON THE DAYS PER WEEK | FLEXIBLE ON THE DAYS OF THE WEEK | FLEXIBLE ON SESSION TIMES

Desired starting date :_____

PARENT/GUARDIAN SIGNATURE: _____DATE:_____

Please mail completed form to
Serendipity Preschool, 1231 Seventh Street, Monterey, CA 93940 or e-mail to serendipityllc@aol.com