

Ross Recreation PreSchool Application

P.O. Box 117 Ross, CA 94957 453-6020 fax 453-2014

**Please complete this form and return to
Ross Recreation with a \$25.00 processing fee.
Thank you.**

Child's Name: _____

Child's Birthdate: _____

Mother's name: _____

Address: _____

Employer: _____

Address: _____

Phone: _____ Work/Cell: _____

Father's name: _____

Address: _____

Employer: _____

Address: _____

Phone: _____ Work/Cell: _____

Mother's email address: _____

Father's email address: _____

Tell us about your child: (ei: likes, dislikes, temperament, previous school experiences etc):

Siblings: _____ If so, names and ages: _____

Did any of them attend Ross Rec. Preschool? _____

Years attended: _____

Day's preferred: (please circle) M,W, F or T,Th or All 5 days: _____

Year you'd like your child to begin Preschool (child must be 3yrs old by Oct. 1st of the year entering school and potty trained): Sept: _____

Thank you for your interest in Ross Recreation PreSchool.

Parent Signature: _____

Application date: _____ Received Date: _____

Acceptance Date: _____ Deposit Received: _____