



The Community Preschool of the Palisades

5200 Cathedral Avenue, N.W. • Washington, D.C. 20016
(202) 364-8424 • Fax (202) 364-5803 • palisadespreschooldc.org

APPLICATION

PLEASE SELECT CLASS DESIRED:

Date: _____

_____ **Tadpole** (Age 2), Tuesday & Thursday mornings, 9:00 a.m. – 12:00 p.m.

_____ **Polliwog** (Ages 2½ to 3), Monday, Wednesday & Friday mornings, 9:00 a.m. – 12:00 p.m.

_____ **Frog** (Ages 3 to 4) Monday – Friday mornings, 9:00 a.m. – 12:00 p.m.

_____ **Dragonfly** (PreK) Monday – Thursday, 9:00 a.m. – 2:00 p.m., Friday, 9:00 a.m. – 12:00 p.m.

Child's Name: _____ M _____ F _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____ Phone: _____

Is English a second language? _____ If so, what language is spoken at home? _____

Any known physical disabilities of child? _____

Is your child enrolled in a preschool program? _____ If so, where? _____

(Parent/Guardian)

(Parent/Guardian)

Name: _____

Phone: _____

Email Address: _____

Siblings who have attended The Community Preschool of the Palisades:

Name(s): _____ Year(s): _____

How did you hear about the Preschool? _____

Are you a member of the Palisades Community Church? Yes No

This application must accompany a \$50 non-refundable application fee payable to The Community Preschool of the Palisades and be postmarked no later than February 28, 2019. Applications for financial aid must be submitted in the same timeframe. For information, please contact the administrator at office@palisadespreschooldc.org.

Signature of Parent/Guardian