



APPLICATION FOR PRESCHOOL WAITING LIST

Cloverdale Preschool Academy

Child's Name \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Due date or Birthday \_\_\_\_\_

Desired Date of Enrollment \_\_\_\_\_

Religious Affiliation or Church you attend \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Application \_\_\_\_\_

**\*This application is valid for one year from the date of application.**