

Children's Pre-School Center
"Open arms, open hearths - Opening minds together"

4000 Middlefield Road Suite T-1
Palo Alto, CA 94303
650-493-5770

Wait List/Registration Form

Child's Name: First _____ Middle _____ Last _____

Age _____ Birth Date _____ Male/Female _____

Parent 1 Name _____ Parent 2 Name _____

Workplace _____ Workplace _____

Home # _____ Home # _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Email _____ Email _____

Home Address _____

City/Zip _____

Preferred Schedule: FULL TIME MWF TTH

Referred by _____

Projected start date _____

Additional Comments _____

A \$100.00 non-refundable waitlist/registration fee is due at the time of registration per family. Please make your check (no cash, please) out to "Children's Pre-School Center" or "CPSC" and send to address at top of page.

Parent's Signature _____ Date _____

For office use only:

Fee Paid _____ Check # _____ Check Date _____ Received Date _____