



WAITING LIST

- Future student -

Child's Name

_____/_____/_____
Date of Birth: Day/Month/Year

_____/_____/_____
Desired Start Date: Day/Month/Year

Parent/Guardian

Address

City, State Zip Code

Home Phone Work Phone

Cell Phone Email Address

What are you looking for in a Preschool for your child:

Tell us about the wonderful personality of your child:

Potty Trained: Yes/No: _____

Please complete form and mail to:
P Street Kids Preschool
of Georgetown
2611 P Street NW
Washington, DC 20007



A \$75 nonrefundable fee must accompany this application.