



# The Community Preschool of the Palisades

5200 Cathedral Avenue, N.W. Washington D.C. 20016  
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## ENROLLMENT 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.

\_\_\_\_\_ **Minnow** (Ages 2½ to 3), Monday – 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 special needs for 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 by February 8, 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