

Spanish Immersion & Cultural Arts Preschool Ages 2-5

Please mail completed forms to:

La Casita Day School

1824 Peterson Lane, Santa Rosa, CA 95403

Phone: 707.536.1241

Email: info@LaCasitaDaySchool.com

Lic. #493008561

Due to the high demand for our program, we ask that all interested families fill out our Wait List Form. Your place on the wait list determines when and if you get a call about an available space. Occasionally a spot will open in a class during the school year. All spots are filled directly from the wait list. Please note, we do not share specific numbers on the wait list with families. Please be sure to include up to date contact information. Thank you!

Please list the date you would like your child to begin our preschool program _____

	$\mathbf{A}_{\mathbf{j}}$	pplicant and Fa	amily Information			
Student Information	(please print)		·			
Name First, Middle, La						
Home Address:					Gender	M F
City, State, Zip code						
Date of Birth		Age	Place of	Birth		
Current and former school	s attended			Potty Trained?	Yes	No
Parent/Guardian Inf Name <i>First, Last</i>	formation I (p		liss. Ms. Dr. Other	Relation t	o applica	nt
Home Address (if differen	t from above)					
City, State, Zip code						
Occupation			Title			
Employer/Firm						
Business Address			Business Phone			
Cell Phone	Home Phone		Email Address			1

Parent/Guardian Information II Name First, Last			rint) (r. Mrs. Miss. Ms. Dr. Other	Relation to applicant		
Home Address (if o	different from above)					
City, State, Zip cod	le					
Occupation			Title			
Employer/Firm						
Business Address			Business Phone			
Cell Phone	Home Phone		Email Address			
Siblings (please Please list all siblings Name	print) Birth Da	ate	School of Attendance	M	F	
Name	Birth Da	ate	School of Attendance	M	F	
Name	Birth Da	ate	School of Attendance	M	F	
How did you learn	n about La Casita Day S	School? _				
Name of parent/guardian completing this form (please print)						
Signature of parent/guardian completing this form						
Date						