EARLY CHILDHOOD CENTER

www.gablesucc.org

WAITING LIST

Child's Name:_____ Girl__ Boy__ Date of Birth _____

first last month/day/year

Home Address _____ Home phone (___) _____

City _____ Zip _____ e-mail address_____

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Parent's Name _____Parent's Name _____

Work phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____ Cell phone (_____) _____

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Are you an active member of Coral Gables Congregational Church? _____yes _____no

Do you have other children who have attended our school? _____yes _____no

How did you hear about our preschool?_____

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Names & birthdays of siblings:_____

_____ _____

Parent's Signature Date of Application

This form will place your child on the waiting list, please enclose $40 for processing.

at Coral Gables Congregational Church * 3010 DeSoto Blvd, Coral Gables, FL 33134 * Tel: 305.444.9792
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