

EARLY CHILDHOOD CENTER

www.gablespreschool.org

Waiting List

Child's Name: _____ Girl ___ Boy ___ Date of Birth _____
first last month/day/year

Home Address _____ City _____ Zip _____

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Parent/Guardian _____ Parent/Guardian _____

Cell phone () _____ Cell phone() _____

email address _____ email address _____

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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: _____

Legal Parent/Guardian Signature

Date of Application

This form will place your child on the waiting list. [please enclose \\$50 for processing](#). MasterCard and Visa accepted.