

POTRERO KIDS AT DANIEL WEBSTER

an MNC Preschool



Application for Enrollment

(submit one application per child)

FOR OFFICE USE ONLY:

Application Fee Received: Yes No Waived (SFCEL applicants only) Date: _____
(\$25 application fee required to process, except for SFCEL applicants)

Child's Name: _____ Gender: M F
Birthdate: _____
Parents are: Living together Divorced Separated Married Single Widowed

PARENT/GUARDIAN 1:

Name: _____ Email: _____ Home Phone: _____
Potrero Hill Resident? Yes No
Address: _____ City: _____ Zip: _____
How Long? _____
Occupation: _____ How Long? _____
Work Phone: _____ Mobile Phone: _____
Name of Employer: _____
Address: _____

PARENT/GUARDIAN 2:

Name: _____ Email: _____ Home Phone: _____
Potrero Hill Resident? Yes No
Address: _____ City: _____ Zip: _____
How Long? _____
Occupation: _____ How Long? _____
Work Phone: _____ Mobile Phone: _____
Name of Employer: _____
Address: _____

SIBLINGS NAMES AND AGES:

Ideal Start Date for Potrero Hill Kids (PHK): _____
(PHK is targeted to open Summer/Fall 2008)

Enrollment Application (continued)



DESIRED SCHEDULE:

(Half Day Fees are not an option)

M - F (5 days) M/W/F (3 days) T/TH (2 days)

Is your child potty trained? Yes No

Does your child speak Spanish? Yes No

(Spanish speaking children are not required and does not affect admission)

Does your child speak other languages other than English and Spanish? Please list. _____

Are you interested in a fee-based food program? Yes No

Does your child have any special needs? Yes No

If yes, please provide details: _____

Previous Day Care Provider: _____

Name and Location of School: _____ How Long? _____

I am interested in the tuition-free program and:

am a current recipient of SFCEL have recently applied to be a SFCEL recipient

(SFCEL eligibility is required to attend tuition-free.)

PARENT PARTICIPATION:

To what extent and how often would you be able to participate in/with:

Parent Committees: _____

Special Events: _____

Classroom Time: _____

Donations, fundraising and other volunteer interests: _____

Comments: _____

Signature

Date

Print Name

Relationship to Child

Checks should be made payable to "The San Francisco Foundation" with a note in the memo line indicating "Potrero Residents Education Fund."

MAIL COMPLETED APPLICATION AND CHECK TO:

Potrero Residents Education Fund | c/o Katherine Doumani | 1006 Tennessee Street | San Francisco, CA 94107
Tel: 415-647-2198 | info@prefund.org