



**POTRERO HILL kids**  
AT DANIEL WEBSTER, AN MNC PRESCHOOL

## Application for Enrollment

Child must be at least 18 months old at the time this application is submitted  
(submit one application per child)

**FOR OFFICE USE ONLY:**

Application Fee Received:  Yes  No      Date: \_\_\_\_\_  
(\$50 application fee required to process)

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 (PKDW): \_\_\_\_\_

# Enrollment Application (continued)



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### 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. \_\_\_\_\_

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? \_\_\_\_\_

### 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 \$50 NON-REFUNDABLE APPLICATION FEE TO:

PREFund (do not make checks out to PREFund – please see above)  
PMB 216 | 1459 18th Street | San Francisco, CA 94107