



Little Mountain

preschool

415-488-8010

email: admissions@littlemountainpreschool.org

website: littlemountainpreschool.org

School Year _____

Name of child _____ DOB _____ Gender _____

Home Address _____

Parent	Parent
Res. Add.	Res. Add.
Res. Phone	Res. Phone
Cell Phone	Cell Phone
Bus. Phone	Bus. Phone
Email address	Email address

The undersigned request that the child named above be considered for enrollment in Little Mountain Preschool. A check for \$200 made payable to Little Mountain Preschool is enclosed.

Dated: _____

Parent Signature	Parent Signature
Printed Name	Printed Name