

Date Received by
Preschool _____

PACIFIC GROVE ADULT SCHOOL CO-OPERATIVE PRESCHOOL
PROGRAMS

Pre-registration Form
Session Preferred (circle one) AM PM

Child's Name		Birthdate	
Address	City	Zip	Home Phone
Mother's Name		Father's Name	
Mother's Address	(if different from child's)	Father's Address	
Home Phone	(if different from child's)	Home Phone	
Email Address		Email Address	

If legal guardian is someone other than child's parent, please fill in the appropriate information above and indicate guardian in place of mother or father.

Phone number where you can be reached if not at home _____

Names and ages of siblings: _____

Please note any allergies, special needs, medical information or other information that you would like us to be aware of. _____

Return to: Enrollment
Pacific Grove Adult School Co-operative Preschools
485 Pine Ave.
Pacific Grove, CA 93950

Children are admitted to the Preschool on a first come, first serve basis. As soon as this pre-registration form is received, your child will be placed on the waiting list.