MANHATTAN BEACH UNIFIED SCHOOL DISTRICT MANHATTAN BEACH PRESCHOOL				PER CHILD CHECK #
1431 15 <sup>TH</sup> St Manhattan Beach, CA. 90266 - 310 546-7655				MAKE CK OUT TO MBUSD
WAITLIST FOR PRESCHOOL				AMT <u>\$100.00</u> INITIALS DATE
Child's Name		Gender	Date of Birtl	h Age
		M F		
	Parent(s) or Guardia	an(s) Inform	ation:	
Parent 1 Name Parent 1 Ce		'arent 1 Cell	Parent 1 email	
Parent 2 Name	Parent 2 Cell		Parent 2 email	
Address City State		City State	Zip	
	Schedule	Desired		
Days (circle one)	5 days (Mon through Fri)	3 da (Mon/W		2 days 'ues/Thurs)
Hours (circle one)	Preschool 8:30 - 12:30		Preschool Plus 7:00 - 5:55	

## **DESIRED START DATE?**

DO YOU CURRENTLY HAVE A CHILD ENROLLED HERE? NAME OF CHILD

 $\overline{3}$  and 4- year old preschool  $\frac{1}{2}$  day and full day programs child must be potty trained. Is your child potty trained Yes\_\_\_\_\_ NO\_\_\_\_\_ PLEASE NOTE:

- 1. Completing this form DOES NOT GUARANTEE ENROLLMENT. Enrollment is dependent on space availability.
- 2. There is a \$100.00 (NON-REFUNDABLE) per child to place your child on the wait list.
- 3. This \$100.00 fee is applied to the \$225.00 registration fee if you enroll your child.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Wait List Fee\$100.00