



Redeemer Preschool - Enrollment Application

123 Knight Drive, San Rafael, CA 94901 Tel: (415) 457-9500 Fax: (415) 456-6598

Start Date Requested: _____ Referral Source: _____

Child's Name: _____ Birth Date: _____ Gender: _____

(1) Parent's Name: _____ (2) Parent's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

One Email Address for Primary Contact: _____

Schedule Requested (Check the Applicable Days and Time)

Days Per Week: Five Days (Mon through Fri)

Three Days (Mon, Wed, Fri)

Two Days (Tues, Thur)

Time: Full Time (7:30 a.m. – 6 p.m.)

Morning (8:30 a.m. – 12:15 p.m. for 2s and 3s, 12:30 p.m. for Pre-K)

Sibling/s attending the preschool: _____ Schedule: _____

Signature of Parent/Guardian: _____ Date: _____

A non-refundable \$75 processing fee must accompany this enrollment application.

Office Use: Amount Received: \$ _____ Ck# _____ By: _____ Date: _____