PALMS PRESCHOOL & CHILD CARE CENTER
3410 S. 3RD STREET
JACKSONVILLE BEACH, FL. 32250
904-247-0983

WAITING LIST
APPLICATION FORM

DATE OF APPLICATION_____

APPLYING FOR: **2 YR OLD CLASS** **3 YR OLD CLASS** **4 YR OLD CLASS** **EDP**

NAME OF CHILD_____

SEX OF CHILD: ____**MALE** ____**FEMALE**

DATE OF BIRTH_____

NAME OF PARENTS _____
OR GUARDIANS _____

TELEPHONE (HOME)_____
NUMBERS
(WORK)_____

(CELL)_____

HOME _____
ADDRESS
_____

_____

ARE YOU AN ACTIVE MEMBER OF PALMS PRESBYTERIAN CHURCH? _____
FOR OFFICE USE: DATE VERIFIED_____ **BY**_____

DO YOU CURRENTLY HAVE A CHILD ENROLLED AT PALMS PRESCHOOL?_____
SIBLING'S NAME:_____
PRESCHOOL CLASSROOM LEVEL:_____

(A $20.00 APPLICATION FEE MUST ACCOMPANY THIS FORM.)

_____ _____
SIGNATURE **DATE**