

Palms Preschool & Child Care Center
3410 South 3rd Street
Jacksonville Beach, FL 32250
904-247-0983

WAIT LIST APPLICATION FORM

Today's Date: _____ Potential Start Date: Fall of _____

Applying for: (Please Circle)

1 Yr Old Classroom

2 Yr Old Classroom

3 Yr Old Classroom

4 Yr Old Classroom/VPK All Day

VPK ONLY Classroom

Name of Child: _____

Sex of Child: _____ Male _____ Female

Date of Birth: _____

Name of Parents/Guardians:

Telephone Number: _____

Home Address:

Are you an active member of Palms Presbyterian Church?

Do you currently have a child enrolled at Palms preschool?

Yes or No (circle) If yes, siblings name: _____

\$25.00 Application Fee Must Accompany This Form.

For Office Use:

Date Paid: _____ Taken By: _____ Check#/Payment _____

Notes: _____

