

## Matthews Beach Playschool

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ M / F Days wishing to attend.: M T W TH

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1) How would you describe your child?

2) What attracts you to Matthews Beach Playschool?

3) What are your goals for your child/ as a parent?

4) Please describe any needs that we should be aware of to best care for your child. ( allergies, physical or developmental needs, fears etc.)

5) How did you hear about Matthews Beach Playschool?

*A processing fee of \$25 is required with this application.*

Matthews Beach Playschool 9031 49<sup>th</sup> Ave NE Seattle WA 98115 (206) 799-3372