

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 49th Ave NE Seattle WA 98115 (206) 799-3372