MANHATTAN BEACH UNIFIED SCHOOL DISTRICT MANHATTAN BEACH PRESCHOOL

1431 $15^{\rm TH}\,{\rm St.}$ - Manhattan Beach, CA. 90266 - 310 546-7655

APPLICATION FOR PRESCHOOL

CHECK # _____

PER CHILD

MAKE CK OUT TO **MBUSD**

Wait List Fee\$50.00

AMT \$ 50.00

DATE

			תען	TE	
Child's Name		Gender	Date of Birth	Age	
		M F			
	Darant(a) or Crondia	a(a) Inform	ation.		
	Parent(s) or Guardian	1(8) 111101111	111011;		
Parent 1 Name	Pare	Parent 2 Name		Home Phone	
Address P.		1 Work Phone	Powent 1 C	Parent 1 Cell Phone	
Address		r work I none	rarent i cen i none		
City	City Parent 2 Work Phone		Parent 2 Cell Phone		
	Schedule D	Pesired			
Days (circle one)	5 days 3 days		s 2 ć	2 days	
Bujs (en ele one)	(Mon through Fri) (Mon/Wed/Fri)			(Tues/Thurs)	
TI (• 1	ъ		D 1 1D1		
Hours (circle one)	Preschool 8:30 - 12:30	Preschool 8:30 - 12:30		Preschool Plus 7:00 - 5:55	
	0.00 12.00		7.00		
PLEASE PROVIDE YOU	UR E-MAIL				
ADDRESS: Desired start date?					
	HAVE A CHILD ENROLLE	ED HERE? NA	AME OF CHILD		
	ol ½ day programs child m		rained.		
Is your child potty traine PLEASE NOTE:	ed YesN	1O			
	s form DOES NOT GUARA	NITEE ENIDO	LIMENT Enrollment	i 0	
	pace availability.	INTEL LINCO	LLMENT. Emonment	18	
	.00 (NON-REFUNDABLE)	per child to pl	ace your child on the v	vait list.	
	is applied to the \$175.00 reg				
PARENT'S SIGNATURE:			DATE:		