



***COMPLETE INFORMATION BELOW:**

CHILD'S FIRST AND LAST NAME _____

BIRTHDATE _____ AGE (as of 08/31/24) _____ MULTIPLE? _____

ADDRESS _____ CITY _____ ZIP _____

NAME _____ PARENT(S)/GUARDIAN(S) NAME (Parent 2) _____

PHONE (Parent 1) _____ PHONE (Parent 2) _____

E-MAIL (Parent 1) _____ EMAIL (Parent 2) _____

***MY CHILD IS CURRENTLY ENROLLED IN (Please check one):**

- | | | | | |
|---------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Admiral M/T 2s | <input type="checkbox"/> Alki 2s | <input type="checkbox"/> WC 2s | <input type="checkbox"/> LP 2s | <input type="checkbox"/> Friday Multi Age |
| <input type="checkbox"/> Admiral W/TH 2s | <input type="checkbox"/> Alki 3s | <input type="checkbox"/> WC 3s | <input type="checkbox"/> LP 3s | <input type="checkbox"/> Mon Toddlers |
| <input type="checkbox"/> Admiral M-W 3s | <input type="checkbox"/> Alki PreK/4s | <input type="checkbox"/> WC PreK/4s | <input type="checkbox"/> LP PreK/4s | <input type="checkbox"/> Tues Toddlers |
| <input type="checkbox"/> Admiral TH/F 3s/4s | <input type="checkbox"/> Alki MADO | | | <input type="checkbox"/> Wed Toddlers |
| <input type="checkbox"/> Admiral PreK/4s | | | | <input type="checkbox"/> Thurs Toddlers |
| | | | | <input type="checkbox"/> Infants or Movers |

***NEXT YEAR, I WOULD LIKE TO ENROLL MY CHILD IN:**

LIST IN ORDER OF PREFERENCE UP TO THREE, AGE-APPROPRIATE, PRESCHOOL CHOICES:

1. _____
2. _____
3. _____

* IF YOU CHOOSE NOT TO BE CONSIDERED FOR PLACEMENT AT A 2ND or 3RD PRESCHOOL, PLACE AN "X" IN THESE AREAS

***No changes may be made February 1-15th

***Changes occurring at any time other than these dates will be accommodated if space allows.

***ENCLOSE A \$85.00 NON-REFUNDABLE REGISTRATION FEE**

CHECK MADE PAYABLE TO: **SSC PRESCHOOL REGISTRATION**

I am requesting assistance for my Registration Fee:

I can make a partial payment of \$45 I can't pay at this time

***MAIL COMPLETED FORM AND CHECK TO:**

**SSC Preschool Registration
 6523 California Ave SW #266
 Seattle, WA 98136**

**OR DROP OFF AT THIS LOCATION – Mailboxes, Etc. @ 6523 California Ave SW
 (No stamp required) (Forms must be placed in an addressed envelope)**

POSTMARK DEADLINE:

Thursday, January 31, 2024

DROP OFF DEADLINE:

Thursday, January 31, 2024 before 6 pm close

***SSC ASSUMES NO RESPONSIBILITY FOR APPLICATIONS LOST IN THE MAIL; NO EXCEPTIONS.

The South Seattle College Parent Cooperative Preschools do not discriminate on the basis of race, color, gender, religion, national & ethnic origin, age, handicap, or sexual orientation.