



SHARMAN NALL, *Preschool Director*

APPLICATION FOR PRESCHOOL WAITING LIST

Cloverdale Preschool Academy

Child's Name _____ Gender ___ M ___ F

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Due date or Birthday _____

Desired Date of Enrollment _____

Religious Affiliation or Church you attend _____

Father's Name _____ Cell # _____

Employer _____ Phone # _____

Mother's Name _____ Cell# _____

Employer _____ Phone # _____

Email Address _____

Date of Application _____

***This application is valid for one year from the date of application.**