

Sutterville Preschool
Attn: Membership Chair
5520 Gilgunn Way
Sacramento, CA 95822
(916) 455-9420



Sutterville Preschool

For Official Use:

Date payment and application
received: _____
Membership Chair Initials: _____
Check number: _____

SUTTERVILLE PRESCHOOL REGISTRATION / WAIT LIST FORM

In order to place your child's name on the waiting list after he/she has been born:

1. Please complete this registration form and return three copies to the preschool at the address listed above.
2. Enclose a check for the \$35 registration fee, made payable to Sutterville Preschool.

The membership chair will not process any application that does not include three copies of the form and the \$35 fee. The registration fee is non-refundable and does not guarantee placement.

Any child to be enrolled in the fall semester must be three years of age by December 2nd. Children who turn three years of age after December 2nd may be enrolled on or after their third birthday. Children may be enrolled at Sutterville Preschool for a maximum of two (2) years.

You will be placed on the waiting list according to the date your application and payment are received. Both participating and non-participating (child only attends) positions are available. When your child's name nears the top of the waiting list, you will be contacted by telephone and informed of the positions that are available.

The Membership Chair will contact families for the Fall of the school year you designate below between April and September of that year. If you will be on vacation during these months, please notify the Membership Chair in advance so that she/he will not bypass you if she/he is unable to reach you.

I want to enroll my child _____, sex _____, born ____/____/____ for the school year beginning September _____. In doing so, I _____ agree to the following:

1. To pay the required monthly tuition.
2. To participate in the preschool program one full morning/afternoon each week on an assigned day (for participating position only).
3. To remit a signed statement from a physician stating that my child has been immunized against DPT, Polio, MMR HiB, Hepatitis B and varicella (chicken pox).
4. To attend general meetings, do the required hours of maintenance at the school, and participate in fundraisers.
5. To show proof of negative results on a tuberculin test or chest x-ray for myself (participating and paid parents only.)
6. To absolve from responsibility the Sutterville Preschool, the Board of Directors, the Staff, or any other parent for any accident or illness incurred while my child or I attend Sutterville Preschool.

Parent's Name (Please Print): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____

Alternate Contact name/phone (optional): _____

Email (optional): _____

Signature: _____ Date: _____

Applications are filed according to receipt date. One of the three copies of your application will be returned to you as a receipt.

Enrollment is available without regard to race, religion, color, national origin, or ancestry.