

Application for Blossoming Friends Preschool

Blossoming Friends Preschool

5027 Bissett way

Sacramento Ca 95835

**I am applying for my child for the** ­­\_\_\_\_\_\_\_\_\_\_ school year

\_\_\_Application Fee $50 **(non-refundable)**

\_\_\_Registration Fee $50 **(non-refundable)**

\_\_\_ Deposit (last month’s tuition/ **non-refundable if child is terminated from program**) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Child’s name Date of birth**

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 **Street address Telephone number**

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 **City State Zip email address**

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**Parent’s name Parent’s name**

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**Parent’s occupation/place of employment Parent’s occupation/place of employment**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s phone number Parent’s phone number**

This application will place your child on a waitlist for care in our program. If we have an opening that will meet your needs, in order to reserve the space, you will need to make a deposit of the last’s months tuition and complete an enrollment contract. Deposits are fully refundable with 30 day notice of cancellation before scheduled start date.

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**Signature of parent/guardian**  **Today’s date**