



MAGC Garden School Admission Application

Thank you for your interest in the MAGC Garden School. Please complete this form and mail to P.O. Box 437, Ross, CA 94957 (or return it to the MAGC office at 30 Sir Francis Drake Blvd, Ross) along with a \$100.00 processing fee. Please make check payable to Marin Art & Garden Center.

Child's Name: _____

Child's Age: _____ Birthdate: _____ Gender: _____

This application is for the school year of: 2018-19 2019-20 2020-21

(Note: Your child must be 3 years old by September 1st of the year entering school and potty trained)

Which days would you like your child to attend preschool?

_____ Monday, Wednesday and Friday

_____ Tuesday and Thursday

_____ Monday through Friday

Parent #1 Name: _____

Address: _____

Email: _____

Best number to reach you: _____ Alternate: _____

Parent #2 Name: _____

Address: _____

Email: _____

Best number to reach you: _____ Alternate: _____

Sibling's name: _____ Birthdate: _____

Sibling's name: _____ Birthdate: _____

Sibling's name: _____ Birthdate: _____

P.O. Box 437, 30 Sir Francis Drake Blvd., Ross, CA 94957 P: 415.455-5260 F: 415.454.0650 www.magc.org

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Did any of your children attend The Garden School? _____

How did you hear about the MAGC Garden School? _____

Is your child currently attending preschool/daycare? Yes No If so, where? _____

Please tell us about your child - likes, dislikes, temperament, favorite activities, routines, previous school experiences, etc.: _____

Optional: Please include a photograph of your child. This helps us put a face to your child's name during the admissions process.

Parent Signature: _____ Date: _____

MAGC OFFICE USE ONLY

Application Date: _____ Date Received: _____

Acceptance Date: _____ Deposit Received: _____