



Office Use:

Tour Date: \_\_\_\_\_ Application Received: \_\_\_\_\_ Waitlist fee paid? \_\_\_\_\_

Spot offered on: \_\_\_\_\_ check or cash or venmo (circle)

3721 Modoc Rd.  
Santa Barbara, Ca. 93105  
(805) 869-2665  
sbgrow.com  
directorofgb@gmail.com

**Application**

**Parent or Guardian**

Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s to be best reached at: \_\_\_\_\_

Email: \_\_\_\_\_

**Child Information**

Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ prefer not to respond \_\_\_

DOB or Due Date: \_\_\_\_\_

Date looking to start care: \_\_\_\_\_ Age of Child at start date: \_\_\_\_\_

Child's Schedule:

Extended (7:30-5:30)  Full Day (8-4)  1/2 day (7:30-12:30)

2 days  3 days  4 days  5 days

Which Days preferable? \_\_\_\_\_ Is the schedule flexible? \_\_\_\_\_

\$50.00 Non refundable waitlist fee, \$150.00 annual enrollment fee

Check, cash, or venmo @GBPreschool

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_