

Sunol Glen Preschool – 2026–2027 Interest Form

Child's Information

Child's Name: _____ Date of Birth: _____

Desired Start Date: _____

Parent / Guardian Information

Parent/Guardian Name(s): _____

Email: _____

Phone: _____

Parent/Guardian Name(s): _____

Email: _____

Phone: _____

Desired Schedule (check all that apply)

- ☐ Part-Time (Monday–Friday) 8:30–12:00
- ☐ Part-Time 2 days (T/TH) or 3 Days (M,W,F) 8:30–12:00 (**Sunol Residents**)
- ☐ Full-Time 8:30–3:00
- ☐ Full-Time + Extended Care 8:30–4:30

To schedule a tour please provide days and times you are available, and we will do our best to accommodate. _____