

Telegraph Hill Neighborhood Center  
Child Development Preschool Program

Waiting List Application

<u>Child's Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Home Language</u>

Name of person(s) responsible for child: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Additional Contact Number \_\_\_\_\_

Form of Contact (walk-in, referral, etc.): \_\_\_\_\_

Estimate Day of Enrollment (**month and year**): \_\_\_\_\_

Monthly Gross Income \_\_\_\_\_

Family Size: \_\_\_\_\_

Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_



Please mail back to:

Preschool Director  
Telegraph Hill Neighborhood Center  
660 Lombard Street  
San Francisco, CA 94133