



Seal Beach Playgroup

Waiting List Information Form

www.sealbeachplaygroup.com

Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name(s): _____

Home Address: _____

Telephone Number: _____

Email address: _____

Are you SBPG alumni? (Have you had a previous child in the playgroup)?

Yes _____ If so, what year? _____

No _____

What year do you want your child to enroll?

_____ Junior Class (child must be 3 years by Dec. 2nd)

_____ Senior (child must be 4 by Dec. 2nd)

How did you hear about the Seal Beach Playgroup? _____

Thank you for your interest in Seal Beach Playgroup. As soon as this form is received, your child will be placed on the waiting list. Feel free to call if you have any questions.

Suzie Morgan
PO Box 429
Seal Beach, CA 90740
(562) 221-4625

Seal Beach Playgroup Official Use

Date Received: _____

_____ Resident Alumni _____ Resident _____ Nonresident Alumni _____ Nonresident