



The Muse: a children's center
PRE-APPLICATION

Thank you for your interest in *The Muse: a children's center*! Please complete and return the pre-application form to themuse@playtacoma.org as soon as possible. *The date we receive your completed form determines your place on the wait list as enrollment is based on a first come, first serve basis.*

NAME PARENT/GUARDIAN: _____

EMAIL: _____

PHONE: _____

Are you a student, staff or faculty of UW Tacoma? Yes No

Will be using a DSHS subsidy for your tuition? Yes No

Please indicate the date you would like your child to start care. _____

Please tell us about the child(ren) you wish to enroll.

1) NAME OF CHILD: First _____ Last _____

BIRTHDATE: _____

2) NAME OF CHILD: First _____ Last _____

BIRTHDATE: _____

3) NAME OF CHILD: First _____ Last _____

BIRTHDATE: _____