

Woodside Parents' Nursery School Enrollment Application

Child's Name _____

Sex _____ Birthdate _____

Phone (_____) _____ Email _____

Address _____

Mother _____ Phone (_____) _____

Father _____ Phone (_____) _____

Class Request (circle one): Toddler(F 9:30) Toddler(F 2:00) 2-Day 3-Day Pre-K

School year applying for: _____

Please list additional siblings applying to WPNS:

_____ Birthdate _____

_____ Birthdate _____

Are you or any family members alumni? _____ Current family? _____

Return this completed form, together with a non-refundable fee of \$50.00 per child, to the address listed below. We do not discriminate on the basis of race, color, national/ethnic origin, or religion, etc.

Signature _____ Date _____

Parents and children are encouraged to visit the preschool during scheduled class times. Please call for an appointment.

Applications are accepted year-round.

RETURN TO:
Membership
c/o Woodside Parents' Nursery School
3154 Woodside Road
Woodside, CA 94062

FOR WPNS OFFICE USE ONLY:
Date application received _____

Check # _____ Amount _____