



APPLICATION FOR ENROLLMENT

Child's Name _____ Date of Birth _____ Gender M F
 Parent/Guardian's Name _____ Email _____
 Full Address _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
 Parent/Guardian's Name _____ Email _____
 Full Address _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____

Please indicate your choice:

3 Year Old Class (T/TH)

4 Year Old Class (M/W/F)

4's/5's (M/W/F)

- | | | |
|--|--|--|
| <input type="checkbox"/> AM 9-11:30am | <input type="checkbox"/> AM 8:45-11:45am | <input type="checkbox"/> PM 12:30-3:30pm |
| <input type="checkbox"/> PM 12-2:30pm | _____ | |
| <input type="checkbox"/> No preference | <input type="checkbox"/> <u>Adventure Day</u> (Tuesday 9am-12pm) Available to M/W/F Classes | |

List all siblings, gender, and date of birth _____

Child's previous play/school experiences _____

Physician's name, address and phone _____

Parents, please list talents, hobbies, interests, or occupational experiences that might be helpful to our preschool _____

How did you learn about Mountain View Parent Nursery School? _____

Return APPLICATION with a NON-REFUNDABLE FEE OF \$50 to:

**Mountain View Parent Nursery School Attn: Membership
 1299 Bryant Avenue, Mountain View, CA 94040
 Please make checks payable to MVPNS**

In accordance with the policy of the Mountain View-Los Altos Union High School District, MVPNS does not discriminate in its educational programs, activities, or employment practices with respect to ethnic group, religion, gender, color, race, national origin or physical or mental disability.

For MVPNS Membership Use:
 Date Application Received _____ Application Fee _____ Check # _____
 Current Family _____ Sibling _____ New _____ 1st Month's Tuition _____ Check # _____