



Mountain View
Parent Nursery School

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)

AM 9-11:30am

AM 8:45-11:45am

PM 12:30-3:30pm

PM 12-2:30pm

No preference

Adventure Day (Tuesday 9am-12pm) Available to M/W/F Classes

3-5 Year Old Class (Saturday Pilot) 9am-12pm *application fee does not apply

List all siblings, genders, and dates 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 \$65 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 Tuition Installment _____ Check # _____