

Application for Summer School 2009

San Jose Parents Participating Nursery School

www.sanjoseparents.org

DATE OF APPLICATION

RETURN APPLICATION TO:

SJPPNS
2180 RADIO AVENUE
SAN JOSE, CA 95125
ATTN: MEMBERSHIP
 TELEPHONE: 265-3202

DATE: Tuesdays – Fridays June 16 – July 3, & July 14 – July 31, 2009. *(Please circle which session choice or both if interested)*

TIME: 10am – 1pm

COST: \$210 per session

PLEASE NOTE: ENROLLMENT FOR SUMMER SCHOOL IS ON A FIRST-COME, FIRST-SERVED BASIS.

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

ADDRESS _____ ZIP _____ PHONE _____

FATHER _____ ADDRESS _____ PHONE _____
 (If other than above)

MOTHER _____ ADDRESS _____ PHONE _____
 (If other than above)

EMAIL ADDRESS: _____

Has this child attended nursery school previously or had any other experience with organized groups of children?

Yes / No. If yes explain: _____

Is your family: (Circle all that apply)

CURRENT SJPPNS Members in 1-Day or 2-, 3-, 4-Day; SJPPNS **ALUMNI** from 1-Day or 2, 3, 4 Day; or **NEW** to SJPPNS?

List children in your family (including applicant), if any, that have attended SJPPNS.

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

DATE(S) ATTENED SJPPNS _____

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

DATE(S) ATTENED SJPPNS _____

Do you wish to: (Circle choices)

PREFERRED WORKDAY? **Any / T / W / TH / F**

SIGNATURE OF PARENT DATE

| |
|----------------------------|
| <u>For Office Use Only</u> |
| Received _____ |
| Fee _____ |
| Packet Posted _____ |
| Wait List No. _____ |