

2010 -2011 Application San Jose Parents Participating Nursery School www.sanjoseparents.org

APPLICATION FEE (NON-REFUNDABLE)

NEW CHILD **\$20**
RETURNING CHILD **\$10**

DATE OF APPLICATION _____

RETURN APPLICATION AND FEE TO: SJPPNS
2180 RADIO AVENUE
SAN JOSE, CA 95125
ATTN: MEMBERSHIP
TELEPHONE: 265-3202

SESSION	AGE	TIME
1-DAY	18 MOS-2 ½ YEARS BY 9/1	M 2:45-4:45PM
2-DAY	2 ½ by 10/1 - 3 ½ YEARS BY 9/1	T TH 9:00-11:30AM
3-DAY	3 - 4 ½ YEARS BY 9/1	M W F 9:00-11:30AM
4-DAY	AGE 4 BY 12/2	T W TH F 12:30-3:00PM

Class 1st choice _____ Class 2nd choice, if applicable _____

PLEASE NOTE: ENROLLMENT IN ANY CLASS DOES NOT GUARANTEE A SPOT IN SUBSEQUENT CLASSES.

CHILD'S NAME _____ SEX _____ BIRTHDATE _____
ADDRESS _____ ZIP _____ PHONE _____
FATHER _____ ADDRESS _____ PHONE _____
(If other than above)
MOTHER _____ ADDRESS _____ PHONE _____
(If other than above)
EMAIL ADDRESS(es): _____

Has this child attended preschool 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?
Were you on our wait list all of last year? Yes _____ No _____

List children in your family (not including applicant), if any, that have attended SJPPNS.

Child's Name _____ Sex _____ Birth Date _____
Date(s) attended SJPPNS _____
Child's Name _____ Sex _____ Birth Date _____
Date(s) attended SJPPNS _____

Do you wish to: (Circle choices)

PREFERRED WORKDAY? Any / M / T / W / TH / F
CARPOOL? Yes / No
EXCHANGE BABYSITTING? Yes / No

How did you learn about SJPPNS?

SJPPNS MEMBER _____
OTHER (specify): _____

SIGNATURE OF PARENT DATE

For Office Use Only
Received _____
Fee _____
Wait List No. _____

ALL SCHOOL ORIENTATION - AUGUST 24 2010
FIRST DAY OF SCHOOL - AUGUST 30, 2010 (FOR 1 DAY & 3 DAY)
FIRST DAY OF SCHOOL - AUGUST 31, 2010 (FOR 2 DAY & 4 DAY)