MVPNS | APPLICATION FOR ENROLLMENT



Applicant Information

CHILD'S NAME	DATE OF BIRTH	GENDER (CIRCLE ONE) M / F
PARENT/GUARDIAN'S NAME	EMAIL	CELL PHONE
FULL ADDRESS	HOME PHONE	WORK PHONE
PARENT/GUARDIAN'S NAME	EMAIL	CELL PHONE
FULL ADDRESS	HOME PHONE	WORK PHONE

Class: Rank your choices in order of preference (1, 2, 3, 4 next to class)

*Age by September 1

Parent-Child Cl	lasses	Co-op Classes			
Toddler 1 day/wk, \$120/mo Age 15mo*	2-yr-old 1 day/wk, \$150/mo Age 2*	2-yr-old 2 days/wk, \$260/mo Age 2*	3-yr-old Age 3*	4/5-yr-old Age 4*	
Fri AM 8:45-10:45	Mon AM 8:45-11:15	TTh AM 8:45-11:15	TTh AM 8:45-11:45 2 days/wk, \$280/mo	MWF AM 8:45-11:45 3 days/wk, \$360/mo	
Thu PM 3:00-5:00	Wed AM 9:05-11:35	TTh PM 11:45-2:15	MWF PM 12:40-3:30 3 days/wk , \$360/mo	MTWTh PM 12:30-3:30 4 days/wk, \$450/mo	

Details					
List all siblings, gende	ers, and dates of birth				
Physician information					
NAME	ADDRESS			PHONE	
Parents, please list talents, hobbies, or work experiences that may be helpful to our preschool.		How did you learn about us?			
	<u> </u>	Are you an alumni:			
		\square MVPNS	\square Parent C	bservation	

Return APPLICATION with a NON-REFUNDABLE FEE OF \$65 to

Mountain View Parent Nursery School

Attn: Membership

P.O. Box 4174, 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 RECEIVED	APP FEE	CHECK#	PLACE FEE	CHECK#	☐ Current family ☐ Sibling ☐ New