

**Palo Alto Friends Nursery School
2012-2013 APPLICATION FORM – NEW FAMILIES**

Child's Name: _____ Male or Female? (circle one)

Child's Name to be used in School: _____ Birth Date: ____/____/____

Parent's Names: _____

Address: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

email address _____

What is the best way to contact you? email ___ U.S. Mail ___ Phone ___

Please indicate your program choice(s) below, ranked in order of preference (1st, 2nd, 3rd, etc.); if equal, rank with the same number. Important: Please read attached program notes before choosing a program.

Three's Programs – 3 years old by October 1, 2012

- ___ T/Th Morning Program (9:00-12:00)
- ___ T/Th Afternoon Program (12:00 – 3:00 pm)
- ___ T/TH all day (T/Th am + T/Th pm – no naptime)
- ___ Optional Day M (am 3's only)
- ___ Optional Day W (am 3's only)

Four's Programs – 4 years old by October 1, 2012

- ___ MWF Morning Program (9:00-12:00)
- ___ MWF Afternoon Program (12:00-3:00)
- ___ MWF All Day (MWF am + MWF pm – no naptime)

OPTIONAL PARENT PARTICIPATION / TUITION REDUCTION OPPORTUNITIES

- I'm interested in being a: Full Participating Parent ___ 1/2 Participating Parent ___
in the T/Th a.m. program on: Tues ___ Thurs ___ Any ___
in the M/W/F a.m. program on: Mon ___ Wed ___ Fri ___ (rank preference)
- I'm interested in serving on the Board _____

- * I'm interested in a Scholarship Placement ____
- * Does your child have any special health or developmental needs that we will need to make special arrangements for? _____
- * Is your child attending another school? _____

To secure your spot on the Priority List, please attach a \$30 check made payable to: Friends Nursery School and return the completed form and fee to:

The Administrative Director
Friends Nursery School
957 Colorado Avenue
Palo Alto, CA 94303

APPLICATIONS ACCEPTED BEGINNING OCTOBER 24, 2011

Office use only: ____ PAMPE

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