

Sequoia Parents



Nursery School

# Fall 2010 Application Form

Please complete and attach the **non-refundable Application Fee of \$50**. If you have more than one child applying please complete a separate form for each child. The registration fee is due upon acceptance into the program. Please send form to Sequoia Parents Nursery School, Attn: VP of Membership 1839 Arroyo Ave, San Carlos, CA 94070. E-mail: spnsregistration@yahoo.com. Phone 650-593-3344. Fees payable to SPNS.

Classes	Days / Time	Age Requirements	Tuition	Registration Fee	Class Choice
Sprouts	Tue 12:00-2:00	2 years by 12/2/10	\$63 per month	\$65	<input type="checkbox"/>
Explorers	T/Th 9:00-11:30	3 years by 12/2/10	\$126 per month	\$100	<input type="checkbox"/>
Pre-K	M/W/F 9:00-12:00	4 years by 12/2/10	\$174 per month	\$125	<input type="checkbox"/>

Childs Full Name \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Tour \_\_\_\_\_

Do you need more information on childcare for younger siblings?  (Offered onsite by an independent contractor). We will attempt to make accommodations for younger siblings although we cannot guarantee that childcare will be available. In addition, if childcare is available you will need to be flexible in regards to which day you can co-op at the school.

How did you hear about us? Friend  / Ad  / Website  / Sign  / Flyer  (where?) / Adult School Brochure  / Other

To **hold** your child's space in the class the **non-refundable** registration fee is due upon admission or by June 1<sup>st</sup>, whichever is earlier. The Registration fee covers the Sequoia Adult School fee, classroom supplies, and general school supplies. Please ask our VP of Membership for further details about our refund policy on tuition.

I have read and understand Sequoia Parents Nursery School tuition, fees and refund policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Tour date _____	APP SUB: _____	App Fee _____	Check # _____	Reg Fee _____
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SPNS 1839 Arroyo Ave, San Carlos, CA 94070 650.593.3344 www.spns.us