

Woodside Parents' Nursery School Application

SCHOOL 1	Child's Name		
	Birth date		
Parent/Guardian_		_	
Email		Phone	
Parent/Guardian_		_	
Email		Phone	
Address			
	you wish to be considered for both		rank preference next to each
Toddlers AM To	oddlers PM 2's Class: T/TH	3's Class: MWF	4's Class: Pre-K
School Year Applyi	ng For		
Please list addition	nal siblings applying to WPNS:		
Name		Birth date	
Are you or any family member alumni?		Current Family?	
How did you hear	about us?		
Signature		Date	
do not discriminat encouraged to visi	form with a non-refundable applicat e on the basis of race, color, national t the preschool during class time. Ple parents.org. Applications are accepte	or ethnic origin or reli ase contact us to sche	gion. Parents and Children are dule a tour at
Return to:	WPNS Admin 3154 Woodside Road Woodside, CA 94062		
Office use only: Woodside Parents' N			mount Woodside, CA 94062

(650) 851-7112