Woodside Parents' Nursery School Application

WOODSIDE	Child's Name		_
PARENTS'	Birth date	Gender	
SCHOOL Y	Phone	Email	
Address			
Parent/Guardian		Phone	
Class (circle one; if vector)	you wish to be considered fo	or both Toddler classes, pleas	e rank preference next to
ToddlersAM Too	ddlersPM 2's Class: T	7/TH 3's Class: MWF	4's Class: Pre-K
School Year Applyir	ng For		
Please list additiona	al siblings applying to WPNS:		
	Birth date		
		Current Family?	
Return completed f below. We do not c and Children are en	Form with a non-refundable a discriminate on the basis of rancouraged to visit the presch	application fee of \$75 per chi ace, color, national or ethnic ool during class time. Please ons are accepted year round	origin or religion. Parents contact us to schedule a
Return to:	WPNS Membership 3154 Woodside Road Woodside, CA 94062		
	Date Application received	I Check # Ar	mount

(650) 851-7112