

Woodside Parents' Nursery School

HOOL 🖐	Child's Name:		
	Birth date:		
Parent/Guardi	an:		
Email:		Phone:	
Parent/Guardi	an:		
Email		Phone:	
Address			
	g for Circle One:		
Toddlers	2's Class: T/TH 3's Cl	ass 4's Class: Pre-K	
School Year A	pplying For:		
Please list add	itional siblings applying to W	PNS:	
Name:		Birth date:	
Are you or an	y family member alumni?	Current Family:	
How did you	near about us?		
Signature:		Date:	
listed below. Parents and C schedule a to	mpleted form with a non-refur We do not discriminate based hildren are encouraged to visi our at admin@woodsidepare based on enrollment.	on race, color, national the preschool during cla	or ethnic origin or relignass time. Please contact u
Return to:	WPNS Admin 1550 Alameda de las Pulgas Redwood City, CA 94061	S	
e use only: Date	Application Received:	Check #:	Amount: