

# Millbrae Nursery School

## Application for Admission 2020-2021

(please print)

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Mother/Guardian Name: \_\_\_\_\_

Parent/Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

<u>Morning Class 2y-3y</u> 9 a.m. to Noon	<u>Morning Class 3y-4y</u> 9 a.m. to Noon	<u>Pre-Kindergarten Class</u> 12:30 to 3:30 p.m.
Child must be 2 years old and attend minimum of 2 days each week	child must be 3 by Sept. 1 <sup>st</sup> or 2 <sup>nd</sup> year at MNS and must attend min. 3 days per week	child must be 4 by Sept 1 <sup>st</sup> child must attend min. 3 days per week

**Part Day** I would like to enroll my child \_\_\_\_\_ (number) of days each week Enrollment part day, 3 hour class.

Check the amount of days your child will attend, circle your choice of days & write in your workday preference. Additional fees for non-participation of obligations.

- |                          |                  |       |             |  |
|--------------------------|------------------|-------|-------------|--|
| <input type="checkbox"/> | 5 day Attendance | \$687 |             | WORKDAY 1 <sup>st</sup> choice _____         |
| <input type="checkbox"/> | 4 day Attendance | \$549 | M T W T H F | WORKDAY 2 <sup>nd</sup> choice _____         |
| <input type="checkbox"/> | 3 day Attendance | \$414 | M T W T H F | WORKDAY 3 <sup>rd</sup> choice _____         |
| <input type="checkbox"/> | 2 day Attendance | \$275 | M T W T H F | WORKDAY Nonparticipation fee \$300 ea. Month |

If you choose to not do a workday add \$300 to the tuition above. Total Non-participation all obligations \$540 mo.

Request Extended Care (circle one) YES or NO Requested Days: \_\_\_\_\_ Hours: \_\_\_\_\_  
(Scheduled 30 days in advance @ \$12 per hour ; requested less than 30 days @ \$14 per hour; lunch or meal charge \$3)

**Full Time** M-TH 9:00-4:30 F 9:00-2:30 I would like to enroll my child \_\_\_\_\_ (number) of days each week

Check the amount of days your child will attend, circle your choice of days & write in your workday preference. Additional fees for non-participation of obligations.

- |                          |                  |        |             |  |
|--------------------------|------------------|--------|-------------|--|
| <input type="checkbox"/> | 5 day Attendance | \$1490 |             | WORKDAY 1 <sup>st</sup> choice _____         |
| <input type="checkbox"/> | 4 day Attendance | \$1191 | M T W T H F | WORKDAY 2 <sup>nd</sup> choice _____         |
| <input type="checkbox"/> | 3 day Attendance | \$894  | M T W T H F | WORKDAY 3 <sup>rd</sup> choice _____         |
| <input type="checkbox"/> | 2 day Attendance | \$596  | M T W T H F | WORKDAY Nonparticipation fee \$300 ea. Month |

If you choose to not do a workday add \$300 to the tuition above. Total Non-participation all obligations \$540 mo.

2 years old must attend a minimum of two days weekly, 3 – 6 years old must attend a minimum of three days weekly

**Please read the parental agreement on the back side and sign in designated spaces.**

(ALL PRICES ARE SUBJECT TO CHANGE)  
Due to COVID-19 Some Restrictions Apply  
\*Workday Obligations

# Millbrae Nursery School

## Application for Admission 2020-2021

### Parental Agreement

1. \_\_\_\_ I wish to reserve a space for my child in the Millbrae Nursery School Preschool Program. Attached is a check for my non-refundable registration fee of \$100. Please get a receipt for cash payments.

2. \_\_\_\_ Yes, I understand that **first and half of last month tuition and fees must be paid prior to attendance**, unless arrangements have been made for a payment plan. Please speak with Maura if you have concerns. Four (4) weeks written notice must be given when withdrawing from Millbrae Nursery School.

3. \_\_\_\_ I am interested in volunteering as a school Board Member.  
\_\_\_\_ I am not able to serve on the board of directors but understand I will have a school job that I am responsible to fulfill while enrolled.

5. \_\_\_\_ I agree, I am able bodied, I will work/participate in the classroom one time per week.  
\_\_\_\_ NO - I will pay buyout fee, \$300 each month, per child enrolled and opt out of this workday obligation.

6. \_\_\_\_ I agree to have all paperwork filled out and submitted before the first day of school.  
**Yes No** Sibling spot for a younger child, less than 2 year of age. Sibling 2 years and older will be billed extended care rate for attending of the family workday.

7. \_\_\_\_ I understand that Millbrae Nursery School is a Co-operative nursery school and relies upon the participation of the enrolled families to operate. Parents are required to participate unless they have elected per the tuition schedule to not participate in one or more areas of obligations.

8. Circle the obligations below which will not be fulfilled and will pay to opt out of this obligation.  
No Maintenance      No Fundraising      No Weekly Workday      No Service Hours/Event      No Snack

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please initial & sign above and return application with your registration fee of \$100, 1<sup>st</sup> & ½ of the last month tuition due prior to first day of attendance.

Make check payable to:

### Millbrae Nursery School

86 Center Street, Millbrae CA 94030

(650) 589-3028 License #410503311

[www.millbraenurserycoop.org](http://www.millbraenurserycoop.org)

#### **20% discount for sibling enrolled, space permitting**

The policies, regulations, procedures and fees of Millbrae Nursery School are subject to change, if necessary to keep the Association policies in compliance with State and Federal laws and/or with rules and regulations of the Association, Millbrae Nursery School.



(ALL PRICES ARE SUBJECT TO CHANGE, FEES LISTED EFFECTIVE 3/11/20 for summer/fall 2020)

*Office use only*

Date Received \_\_\_\_\_ Amt. \_\_\_\_\_

Check # \_\_\_\_\_

Cash # \_\_\_\_\_

Credit payment subject to 4% fee

For further information regarding this form or the admissions process, contact our office at, [millbraenursery@sbcglobal.net](mailto:millbraenursery@sbcglobal.net)