Millbrae Nursery School

Application for Admission

Date:_____
New student: ____Returning:___
Child's Name: _____ Phone: _____
Sex: M_____F_____ Age: _____ Child's Date of Birth:_____
Address:_____City:_____ZIP:_____
Mother's Name:_____ Phone:_____
Father's Name:_____Phone: _____

I would like my child to attend _____ (number) of days each week
Circle one:

Morning Class	Morning Class	Pre-Kindergarten Class
9 a.m. to Noon	9 a.m. to Noon	12:30 to 3:30 p.m.
child must be 2years old and attend minimum of 2 days each week	child must be 3 by July 1st or their 2nd year at MNS and must attend min. 3 days per week	child must be 4 years old by Dec. 1st child must attend minimum of 3 days per week

Please circle your choice of days for your child to attend:

First Choice:	M	T	W	TH	F
Second Choice:	M	T	W	TH	F

Workday Preference: first choice_____ second choice_____ third choice_____

Are you in need of a sibling spot: YES NO (circle one)
Limit of one sibling under 2 years of age per workday, first-come, first-served, subject to availability

Circle the obligation below which you will not fulfill, then determine your monthly tuition from the tuition schedule. Please note that if you choose not to participate in obligations your tuition will increase.
No workday (space permitting) No Maintenance No housekeeping No Fundraising

Are you in need of Extended Care hours? YES NO (circle one) _____
Days/Hours

$_____First Months Tuition
$_____Last Months Tuition
$_____60.00_Non-refundable application fee (per family)
$_____Total Amount Due

Please complete and return this form along with the $60 non-refundable application Fee to: Millbrae Nursery School, Attn: Admissions
86 Center Street, Millbrae CA 94030

If you have questions regarding this form, or our admission process, please contact our office at (650) 589-3028 or Carla at (650) 692-7398

www.millbraenurserycoop.org