## Applegate Nursery School Application Form

Davis, California 95618

First Choice:	Second Choice:	Paid:
Morning (9-12)	Morning (9-12)	Check #
Afternoon (1-4)		Receipt
Work for Credit	Work for Credit	( <u> </u>
Starting Date Reque	sted:	
Child's Name:	(boy	Birthdate
		Phone
Parent Name:	Alt. F	Phone
Address		
City	_ Zip: e-mail	
In filling out this application to a 1. There is a \$50 registration for 2. A refund of \$25 (\$15 for sibstitute becomes available for my child.  3. If a space is offered in any own child to remain on the waiti	f the programs I have indicated above ng list for future openings, there will b uired. However, I may change the start	chool, I understand that: me family).
spaces will open up for the follo	eceive a \$25/\$15 refund OR I may leav	mid-March of each year how many for my child in the fall program, I may te this application on file and remain or
Signed		Date
Mail this application With \$50 to: Applegate Nursery School 2040 Bishop Place		

Call Date:

App Rec'd: \_\_\_\_\_