

Applegate Nursery School Application Form

Call Date: _____

App Rec'd: _____

Paid: _____

Check # _____

Receipt _____

I am interested in:

_____ Morning (9-12)

_____ Work for Credit

Starting Date Requested: _____

Child's Name: _____ (gender) Birthdate _____

Parent Name: _____ Best Phone _____

Parent Name: _____ Alt. Phone _____

Address _____

City _____ Zip: _____ e-mail _____

Applegate Nursery School receives more applications for our programs than we can accommodate. Therefore we keep a waiting list for future spaces as they become available. Your child's application will be dated the day we receive it.

In filling out this application to enroll my child in Applegate Nursery School, I understand that:

1. There is a \$50 registration fee. (\$30 for other children from the same family).
2. A refund of \$25 (\$15 for siblings) will be given if this application is withdrawn (in writing) before a space becomes available for my child.
3. If a space is offered in any of the programs I have indicated above and I choose not to accept it, but wish my child to remain on the waiting list for future openings, there will be no refund and a new application date and registration fee will be required. However, I may change the starting date requested before a space is offered and keep the original application date.

FALL APPLICATIONS: I understand that the school does not know until mid-March of each year how many spaces will open up for the following fall. Should there not be a space for my child in the fall program, I may withdraw this application or leave this application on file and remain on the waiting list for future openings or cancellations.

Signed _____ Date _____

Mail this application
With \$50 to:
Applegate Nursery School
2040 Bishop Place
Davis, California 95618

