

# CASTRO VALLEY PARENT NURSERY SCHOOL

3657 Christensen Lane  
 Castro Valley, CA 94546  
 (510) 582-7731

|   |
|---|
| For Office Use Only:<br>Application Date Received: _____<br>Application Fee: _____<br>Alumni (Y/N): _____ |
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The Castro Valley Parent Nursery School operates in conjunction with the Castro Valley Adult School.

| CASTRO VALLEY PARENT NURSERY SCHOOL<br>MEMBERSHIP APPLICATION           |                                |              |
|---|--------------------------------|--------------|
| Date of Application:  | Applying for Class (AM or PM): | Year:        |
| CHILD'S INFORMATION   |                                |              |
| Child's Full Name and any additional nicknames:                         |                                |              |
| Date of birth:  | Kindergarten entry date:       | Boy or Girl: |
| Current address:  |                                |              |
| City:   | State:                         | ZIP Code:    |
| PARENT/GUARDIAN INFORMATION   |                                |              |
| Parent's Name:  | Phone Number:                  |              |
| Occupation:   |                                |              |
| Place of Business:  | Work Phone Number:             |              |
| Special Skills or Interests:  |                                |              |
| e-mail address:   | Cell Phone Number:             |              |
| PARENT/GUARDIAN INFORMATION   |                                |              |
| Parent's Name:  | Phone Number:                  |              |
| Occupation:   |                                |              |
| Place of Business:  | Work Phone Number:             |              |
| Special Skills or Interests:  |                                |              |
| e-mail address:   | Cell Phone Number:             |              |
| FAMILY INFORMATION  |                                |              |
| Have you or any of your children previously attended CVPNS (Yes or No)? |                                |              |
| If yes, name(s) of student(s):  | Year(s) attended:              |              |
| Name(s) and birth date (s) of younger siblings:                         |                                |              |
| PRESCHOOL INFORMATION   |                                |              |
| Have you been in a cooperative preschool before (Yes or No)?            |                                |              |
| If yes, name of school:   |                                |              |
| Where did you hear about our school?                                    |                                |              |
| SIGNATURES  |                                |              |
| Comments/Notes:   |                                |              |
| Signature:  | Date:                          |              |
| Signature:  | Date:                          |              |

If eligible, will your child attend Transitional Kindergarten? Yes\_\_\_\_ No\_\_\_\_ Entry Date:\_\_\_\_\_

*Transitional Kindergarten Eligibility: child must turn five between, September 2 and December 2*

*The non-refundable application fee must accompany application when submitted.*