



**PARENT EDUCATION NURSERY SCHOOL**

397 Old San Jose Road Soquel, CA 95073 (831) 429-3464

REGISTRATION FORM

Child's Name \_\_\_\_\_ Gender: M F

Age in Sept. (when school starts) \_\_\_\_ years \_\_\_\_ months Date Of Birth \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

Occupation \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Other Guardian's Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

Occupation \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

New or Returning Family (circle one) Years at Soquel Parent Ed Nursery School \_\_\_\_\_

Which adult will work at the preschool? \_\_\_\_\_

Class preference: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

<u>A.M. Program</u>	9:00 – 11:30	<u>Age range (by the time school begins)</u>
Tuesday / Thursday		2 years 6 months to 3 years 9 months
Monday / Wednesday / Friday		3 years 10 months and older

<u>P.M. Program</u>	12:30 – 3:00	<u>Age range (by the time school begins)</u>
Tuesday / Thursday		2 years 6 months to 3 years 9 months
Monday / Wednesday / Friday		3 years 10 months and older

Work Day Preference: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Please mail this form, the Requirements Contract, and a \$100 non refundable deposit to the Membership Coordinator.