

Enrollment Application

Sierra Madre Community Nursery School
701 E. Sierra Madre Blvd.
Sierra Madre, CA 91024
626-355-1655

Accredited by the National Association for the Education of Young Children

Child's Name: _____ Birth Date: _____
Address: _____ Phone: () _____
City: _____ Zip Code: _____
Sex: ___ Male ___ Female Sibling currently enrolled in our program? ___ yes ___ no

Please circle schedule desired (can circle more than one and number in order of preference):

Options:

MWF TTH 5 DAYS AM 8:30 - 11:30 PM 12:30 - 3:30

Parent's Full Name: _____ Work Phone: _____
E-Mail Address: _____
Parent's Occupation: _____
Employer: _____
Parent's Full Name: _____ Work Phone: _____
E-Mail Address: _____
Parent's Occupation: _____
Employer: _____

I understand that my child will be on the waiting list, but cannot be guaranteed any specific date of entry. SMCNS will not call until there is an opening for your child. Once a space is offered you must respond within 24 hours of initial contact.

Signature of parent or guardian: _____ Date: _____

A \$40.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION
Payable to SMCNS. This fee does not guarantee enrollment. Sierra Madre Community Nursery School does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, sexual orientation, marital or family status, political beliefs, or parental status.

OFFICE USE ONLY

Offered spot

Application received: _____
Check number: _____