

The Willows Nursery School

1149 Minnesota Avenue, San Jose, CA 95125 | Phone (408)352-5601 | thewillowsnurseryschool.org

Application Form

Child Information:

Full Name: _____

What name does your child use? _____

Birthdate: (MM/DD/YYYY) _____

Gender: ☐ Female ☐ Male

Home Information:

Street Address: _____

City, State, Zip: _____

Ethnic Background: _____

Parent(s)/Guardian(s) Information:

Full Name: _____

Relationship to child: _____

Phone number: _____

Email address: _____

Occupation: _____

Employer: _____

Full Name: _____

Relationship to child: _____

Phone number: _____

Email address: _____

Occupation: _____

Employer: _____

A Few Questions:

Names & Ages of siblings? _____

Language(s) spoken in home? _____

Previous group play experiences? _____

How did you hear about The Willows? _____

Reason for choosing The Willows Nursery School? _____

Which Class option do you prefer? (Please write 1st and 2nd choice) _____

CLASS OPTIONS: M-W-F AM, T-TH AM, M-F AM, M-TH PM

Acceptance:

I understand that the Willows Nursery School will only accept this application form if I (a parent or legal guardian) sign and submit it with a \$75 non-refundable application fee, which is not applicable to tuition charges if my child is enrolled at The Willows Nursery School. I also understand that at least one of the parents or legal guardians of my child must attend a free tour of The Willows Nursery School before the Willows Nursery School will consider offering a placement in the school for my child.

Parent/Guardian Signature

Date

For office use only:

RD:

TD:

SC: