



NURSERY SCHOOL APPLICATION

Please place my child in the applicant pool of The Sherman Oaks Nursery School for the year beginning in

September _____.

Name of Child _____ Home Phone _____

Birth date _____ Boy _____ Girl _____

Street _____ City and Zip _____

Father _____ Cell Phone _____

Mother _____ Cell Phone _____

Email address (work/home) _____

Are there any special issues we should be aware of (premature delivery, processing, speech or learning delays, etc.):

ENROLLMENT PREFERENCES

FIRST YEAR CLASSES

2 mornings ___ 2 afternoons ___

3 mornings ___ 3 afternoons ___

4 afternoons ___

PRE-KINDERGARTEN CLASSES

3 mornings ___ 3 afternoons ___

4 mornings ___ 4 afternoons ___

5 mornings ___

MONTHLY TUITION

2016-2017

2 DAYS
\$485.00

3 DAYS
\$710.00

4 DAYS
\$925.00

5 DAYS
\$1065.00

NON-REFUNDABLE APPLICATION FEE DUE WITH THIS FORM: \$100.00

The Sherman Oaks Nursery School operates on a non-discriminatory basis, according equal treatment and access to services without regard to race, color, religion, national origin or ancestry.

Date

Signature of Parent or Guardian