

Application Fee \$50. Check # \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date Rec. \_\_\_\_\_

**SAN MARINO COMMUNITY CHURCH NURSERY SCHOOL  
APPLICATION FORM**

DATE: \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Primary E-Mail Address: \_\_\_\_\_ (For Directory) Primary Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
First Last First Last  
(As you would have them appear in the school directory)

Father's business/mobile phone \_\_\_\_\_ Father's occupation \_\_\_\_\_

Mother's business/mobile phone \_\_\_\_\_ Mother's occupation \_\_\_\_\_

Number of other children in the home \_\_\_\_ Names and birth dates of other children in the home:  
\_\_\_\_\_

Has child attended nursery school before? \_\_\_\_ When? \_\_\_\_ Where? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_ If yes, please explain on the back.

1. Are you a member of San Marino Community Church? \_\_\_\_\_
2. Were you on the previous year's waiting list? \_\_\_\_\_
3. Does your child have any siblings who have attended this school? \_\_\_\_\_
4. Did either parent attend this school? \_\_\_\_ If so, when? \_\_\_\_\_

Please indicate your first (1) and second (2) choices. Classes are limited.

2.5 Years Old	3 Years Old	4 years old	5 Years old
_____ T-TH	_____ M-W-F	_____ M-W-F	_____ M-F
	_____ M - F	_____ M-F	
	_____ T-TH plus (MWF circle one)		

\_\_\_\_\_ I will accept placement in my second choice if space in my first choice is not available, but please put me on the waiting list for my first choice.

\_\_\_\_\_ I ONLY want the one session indicated. If space is not available, please put me on the waiting list.

Parent's signature \_\_\_\_\_

Please mail this form, along with your \$50.00 Application Fee to:  
Admissions Director, SMCC Nursery School, 1750 Virginia Road, San Marino, CA 91108.