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Pacifica Co-op Nursery School
Pre-Enrollment Request Form
548 Carmel Ave
Pacifica, CA 94044
www.pacificacoop.org
pacificacoop@yahoo.com
Enrollment Line 650-355-3272
School Line 650-355-4465

Please circle during which school year you wish to attend (child must be 2.5 years and potty-trained at start date):

2010/2011 **2011/2012** **2012/2013** **2013/2014** **2014/2015**

Child's Full Name _____ Date of Birth _____

Parent/Guardian Name _____ Work / cell # _____

Parent/Guardian Name _____ Work / cell # _____

Home Address _____ Home Phone _____

Email Address _____

Circle which applies to your family: **Current Member** **Alumni** **New Family**

If **Alumni** family, please list last year attended _____

How did you hear about our school? Word of mouth ____ Flyers ____ Internet ____
Phone Book ____ Newspaper ____

If referred, who may we thank? _____

Please keep the school updated on any changes in your phone number or address. The above information will put you on our pre-enrollment list and will entitle you to receive communications about possible openings based on your order of priority and your child's readiness. Order of priority is as follows: 1) current members, 2) alumni, and 3) new families.

Please return this application to the address above along with a \$5.00 pre-enrollment fee so that we may put you on our list. Applicants are accepted in order of application and fees received.