

Piedmont Play School
P.O. Box 21614
Piedmont, CA 94620
510 654-4371

APPLICATION

Child's Name: _____ Date of Birth: _____

Present Age: _____ Sex of Child: _____

Siblings: (Name and age) _____

Did any siblings attend PPS?: _____ Who: _____ When: _____

Did either parent attend PPS? _____ Who: _____ When: _____

Parent 1: _____

Parent 2: _____

Home Address: _____

Telephone: Home: _____ Cell: _____

Email: _____

Piedmont Play School is a five day a week program. An important part of the program is parent involvement. I/We have read the Piedmont Play School Program Information brochure and am/are in agreement with the parent participation and admission policies.

Parent 1 Signature: _____

Parent 2 Signature: _____

Please return the completed application form with a \$50.00 non-refundable registration fee to the Membership Chairperson, P.O. Box 21614, Piedmont, CA 94620. Please make checks payable to Piedmont Play School. You will receive a notice confirming the receipt of your application in about two weeks.

Applicants will be invited to an open house (parents only) in January of the year in which their child will be eligible to attend Piedmont Play School. The acceptance notification begins after the open house. If you move in the interim, you must notify the school so this application may be updated.

To be completed by school:

Date application received: _____ **School Year:** _____ **B Y**

Confirmation Sent: _____

Race, religion, and political beliefs shall hold no part in determining an applicant's eligibility for enrollment in Piedmont Play School.