

Date \_\_\_\_\_

Registration \$ \_\_\_\_\_

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

**Mary Jane's  
Pre-School & Kindergarten**

2902 Vessing Rd. Pleasant Hill CA 94523

(925)935-3084

**JUNIOR KINDERGARTEN REGISTRATION APPLICATION  
SCHOOL YEAR 20\_\_\_\_\_**

**CHILD'S NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **SEX** M F  
Last First

**HOME ADDRESS** \_\_\_\_\_  
Street City Zip code

**PRIMARY #** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_  
Can we text you? Y\_\_\_ N\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_  
Can we text you? Y\_\_\_ N\_\_\_

**OPTIONAL LUNCH PROGRAM 11:45-12:45 \$9.00 each day**

**Non-Refundable Registration fee is \$40.00 for returning students, \$80.00 for new applicants.**  
Make your check payable to Mary Jane's Pre-School and include it with this application.

**LAST SCHOOL ATTENDED** \_\_\_\_\_

**PREVIOUS SCHOOL EXPERIENCE** \_\_\_\_\_

**REFERRED BY** \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **RELATIONSHIP TO CHILD** \_\_\_\_\_

If you have any questions, or concerns please feel free to email the school at [maryjanepsk@att.net](mailto:maryjanepsk@att.net)  
or call the school at (925)935-3084.

Catherine Kelly  
Program Director