

Date _____

Registration \$ _____

Check # _____

Mary Jane's Pre-School & Kindergarten

2902 Vessing Rd. Pleasant Hill CA 94523

(925)935-3084

PRE-SCHOOL REGISTRATION APPLICATION

School Year 20_____

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

HOME ADDRESS _____
Street City Zip code

PIMARY PHONE # _____ **EMAIL** _____

PARENT/GUARDIAN _____ **OCCUPATION** _____

CELL # _____
Can we text you? Y____ N____

PARENT/GUARDIAN _____ **OCCUPATION** _____

CELL PHONE # _____
Can we text you? Y____ N____

LUNCH PROGRAM AVAILABLE M -F 11:30-12:30 for AM, 11:45-12:45 for PM \$9.00 each day

Non-Refundable Registration fee is \$40.00 for returning students or \$80.00 for new applicants.
Please include it with this application.

PLEASE CHECK CLASS PREFERENCE 1ST AND 2ND CHOICES:

MON-WED-FRI	TUES-THURS
AM - 9:00-11:30 _____	AM - 9:00-11:30 _____
PM - 1:00-3:30 _____	

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 or call the school at (925)935-3084.

Cathy Kelly
Program Director