

Hayward Parent Nursery School Membership Application

Date _____

Child's Name _____ (M / F)

Address _____ City _____ Zip _____

Telephone(____) _____ Cell # _____ Pager # _____

Email Address _____

Child's Age- Years _____ Months _____ Birth date _____

Parent's Name _____ Birth date _____

Occupation _____

Employed by _____
Name Address Phone

Special Skills, Interest, Hobbies _____

Parent's Name _____ Birth date _____

Occupation _____

Employed by _____
Name Address Phone

Special Skills, Interest, Hobbies _____

List other members living in your household,(children, grandparents, nannies.)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Days Available- M , T, W, Th, F

Days of the week available to substitute- M, T, W, Th, F

Child's Doctor _____ Phone _____

How did you hear about HPNS? _____

I would like to enroll in the: _____ Morning Program _____ Afternoon Program

The Hayward Parent Nursery School does not discriminate on the basis of race, creed, or religion.