

EXPLORER PRESCHOOL ENTRANCE APPLICATION



Please return this form with \$45 per family non-refundable application fee to:
Membership Coordinator, Explorer Preschool PO Box 24786, San Jose, Ca 95154

School Year: 2008 / 2009

Class Choice 1 st 2 nd	Required Age
MW 2's	2 years by September 15 th
Friday 2's	2 years by September 15 th
T Th	2 years, 9 months by September 1 st
MWF	3 years, 7 months by September 1 st
4 Day	4 years, 3 months by September 1 st

Date of Application: _____

Check Number: _____

Alumni: Yes No

If yes, Year of Alumni: _____

Are you currently in Metro Ed's
Together Time Class: Yes No

Child's name: _____ Age: _____ Birthdate: _____

Mother's name: _____ Telephone: _____

Address: _____ City: _____ Zipcode: _____

Cell Phone: _____ E-mail: _____

Employer (if applicable): _____ Occupation(current/former): _____

Father's name: _____ Telephone: _____

Employer: _____ Occupation: _____

How did you hear about Explorer? _____

Class Workday Preferences (prioritize by number-only mark days your child will be in class):
 ___ M ___ T ___ W ___ TH ___ F

If another workday would pose a hardship for your family, please explain on back.

Admission includes one child size T-shirt. Please specify size.

x-small (2-4 years)

small (6-8 years)

medium (10-12) years

*Explorer Preschool
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San Jose, CA 95125
(408) 723-0757
www.explorerpreschool.org*