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App fee rec'd
Date rec'd
Check #

Application and Information Form

Days of attendance: Monday Tuesday Wednesday Thursday Friday

CHILD'S NAME: _____

Birth date: _____ Gender: M F

MOTHER'S: _____

Home address: _____

Phone (H) _____ Business Phone (W) _____

FATHER'S: _____

Home address: _____

Phone (H) _____ Business Phone (W) _____

SIBLINGS: _____

Name: _____

Gender: _____

Birth date: _____

School attending: _____

Any food or other allergies? _____

What does your child most enjoy doing? _____

Does your child have any special problems or fears? _____

Is there anything else you would like us to know about your child? _____

What would you like your child to get out of this school experience? _____

Would you like us to share your contact information with other parents? No / Yes

Signature: _____ Date: _____

Please return this form, together with a nonrefundable check for \$50, payable to PARLIAMO ITALIANO - Scuola Materna, to:
PARLIAMO ITALIANO! - Scuola Materna - 205 Tennessee Valley Road, Mill Valley, CA 94941
PARLIAMO ITALIANO! - Scuola Materna admits students of any race, color, national and ethnic origin to all the rights,
privileges, programs and activities generally accorded or made available to students at the school.