**UNIVERSITY PARENTS NURSERY SCHOOL**

A PARENT PARTICIPATION SCHOOL

3233 S. Sepulveda Blvd., Suite 200, Los Angeles, CA 90034-4205

Phone: (310) 397-2735 Fax: (310) 397-4506 E-mail: upns@ucla.edu Website: www.upns.info

# APPLICATION

Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Parent 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT IS YOUR AFFILIATION WITH UCLA:**

Student UCLA Staff None Affiliate

Name of affiliated Parent / UCLA tittle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INDICATE THE CLASS YOU ARE INTERESTED IN:**

Kittens (ages 2-3) \_\_\_\_\_ Kangaroos (3-4) \_\_\_\_ Dolphins (4-5) \_\_\_\_

**IS YOUR CHILD POTTY TRAINED:** Yes\_\_\_\_ No\_\_\_\_

 **DATE YOU WOULD LIKE YOUR CHILD TO START:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this form with a $50 (non-refundable) application fee. Please make check payable to UPNS or we are currently using Zelle, all you need is our email address (upns@ucla.edu). Please be aware that your position on the waiting list depends on both when you applied and when your child is ready to start. Your position on the waiting list is therefore subject to move either **up or down.**