

LFNS

LOS FELIZ NURSERY SCHOOL

P.O. BOX 39495 | LA, CA 90039 | 323-662-8300

APPLICATION FOR ENROLLMENT

Child's Full Name: _____ Birth date: _____

Parent/Guardian Name(s): _____

Address: _____

Cell Phone: _____ E-mail: _____

Cell Phone: _____ E-mail: _____

How did you hear about Los Feliz Nursery School? _____

What do you seek in a nursery school environment for your child and yourself? _____

What words best describe your child? _____

Please indicate your preferred attendance days with an "x": Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

Indicate desired parent workday ranked "1" through "5": Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

Tuition:*	2 days	3 days	4 days	5 days
	\$250	\$340	\$435	\$500

COOPERATIVE COMMITMENT:

I understand that Los Feliz Nursery School is a cooperative nursery school made up of member families whose combined talents and efforts are essential in the operation of the school. Therefore, it is imperative that there be full cooperation and participation of each member family. Upon admission to the school, my family is ready to commit to attending regular workdays, monthly membership meetings, maintenance days, fundraising, and any other obligations. (A complete list of obligations will be included in the Admission Packet.)

Parent Signature: _____ Date: _____

Your application must be accompanied by a **\$50.00 (non-refundable) application processing fee per child** (for both new and returning families). Please make your check payable to Los Feliz Nursery School (LFNS) and note your child's name.

Please note that paying this fee and/or submitting an application does not guarantee your child's admission to LFNS, which is dependent on school enrollment and subject to the full discretion of the LFNS Board and Head Teacher.

*Tuition SUBJECT TO CHANGE. Tuition discount (for the school year, not including summer school) will be offered to families with multiple children attending the same school year (each additional child receives a 10 percent discount).