

MULBERRY SCHOOL • Preschool Admission Application

SCHOOL YEAR 2008/2009

Child's Name _____

Date of Birth ____/____/____ Sex _____ Home Phone _____

Address _____

City _____ Zip Code _____

Primary language spoken at home _____ Ethnicity (optional): _____

Siblings, names and ages _____

With whom is child living? _____ Both Parents Or Specify: _____

To whom should correspondence be sent? _____ Both Parents Or Specify: _____

Who is responsible for all tuition and fees? _____ Both Parents Or Specify: _____

Parent's Name _____ Occupation _____

Address (if different) _____ Home Phone _____

Email* (1) _____ Cell Phone _____

Employer _____ Business Phone _____

Parent's Name _____ Occupation _____

Address (if different) _____ Home Phone _____

Email* (2) _____ Cell Phone _____

Employer _____ Business Phone _____

***Please circle the number representing the Primary Email Address above (1) or (2).** – The primary email account is enrolled in our all school announcement email group, which is very low traffic, and is displayed on our email school roster. If you prefer both to be enrolled and displayed, please circle both numbers.

PRESCHOOL PROGRAMS

Class admission is based on the child's age as of September 1st. (If borderline age, please inquire about exact birth date cut-off.)

CLASS (check)	DAYS & HOURS	ANNUAL TUITION*	APPLICATION FEE (non-refundable)
<input type="checkbox"/> Toddler (1.5 - 2.5 yrs)	Tues 12:30 – 2:30PM	\$75/mo x 9 months	\$25
<input type="checkbox"/> 2 Day (2.5 – 3.5 yrs)	T/TH 9:00 – 11:30AM	\$160/mo x 9 months	\$50
<input type="checkbox"/> 3 Day AM (3 - 5 yrs)	M/W/F 9:00 – 11:30AM	\$260/mo x 9 months	\$50
<input type="checkbox"/> 4 Day PM (3.75 - 5 yrs)	M/W/T/F 12:30–3:00PM	\$350/mo x 9 months	\$50

*2007/08 tuition rates shown. Final 2008/09 tuition to be determined by March '08 community vote on the school budget.

A deposit equivalent to one month's tuition is required upon acceptance to the program.

[Sibling Discount Available:](#) (10% discount for each additional sibling in the preschool program)

[Additional Credits Available:](#) [Maintenance credit](#) & [Product Sale credit](#)

Mulberry School strives to maintain a diverse student body and does not discriminate on the basis of race, creed, gender, sexual orientation or national origin.

SIGNATURE _____

DATE _____



MULBERRY SCHOOL • Parent Questionnaire

SCHOOL YEAR 2008/2009

Parent Name(s) _____

Student's Name _____ Nickname: _____

Have you participated at Mulberry before? _____ What class/year? _____

Where is/are your children currently enrolled? _____

Other children (Names/Ages) _____

How did you hear about Mulberry? (check all that apply) Internet Friend Education Fair

Bay Area Parent Ad Mom's group or preschool (specify name) _____

1. What are your reasons for choosing Mulberry School?

2. What prior schools has your child attended? (Indicate schools and dates attended)

3. Why are you changing schools at this time? _____

4. What are your child's three greatest attributes?

a) _____

b) _____

c) _____

5. What are your child's areas of interest in school? _____

Outside of school? _____

6. What are your child's most obvious strengths in school? _____

Outside of school? _____

7. What are your child's struggles/weaknesses in school? _____

Outside of school? _____

8. What are your educational goals for your child in the coming year? _____



MULBERRY SCHOOL • Parent Questionnaire

SCHOOL YEAR 2008/2009

9. In what ways do you think your child learns best?

- a. Having things demonstrated _____
- b. Hearing things explained _____
- c. Experimenting on his/her own _____

10. What activities frustrate your child? _____

11. At home, does your child have difficulty remaining focused or staying on task? _____

12. What major stresses, if any, have occurred within your family in the past year? _____

13. Were there any significant delays with your child reaching developmental milestones? _____

14. Has your child received services or diagnostic tests from other professionals? (i.e., occupational therapy, speech and language, psychiatric, etc.) If so, what and when? _____

15. What delights you most about your child? _____

16. What are your child's extracurricular activities? _____

17. What is the average time per day your child spends:

Watching TV _____	Playing with computers or electronic games _____	Reading _____
In imaginative play _____	Playing with other children outside of school _____	In daycare _____

