Stanford University Bing Nursery School

Laboratory School: Research and Teaching

Date Received:]		8		
	I	ENDOLLMEN	T APPLICATION		
		LINCLLIMILIA	TAPPLICATION		
Child's Name				Gender	Birth Date
First:	MI: L	ast:		Female Male	MM/DD/YYYY
your child's ethnic bal Language(s) spoken	otimum diversity in the sci ckground (providing this at home:	information is vol	untary):		
Where and when has	your child had group pla	y experience(s)?			
Reasons for requestir	ng placement at Bing:				
7.					
Anything else we nee	d to know about your chi	d's development	to help support them in	their potential class	sroom placement:
					continue on back if necessary
		Contact In	formation		
Home Address:				Home Phone:	
City:		State:	ZIP:		
		Parent(s)/G	uardian(s)		
Name:		Age:	Name:		Age:
Relationship to Child:			Relationship to Child	·	
Occupation:			Occupation:		
			Employer:		
			Cell Phone:		
E mail:			E-mail:		
Stanford Alum/Year:	Bing Alum/Year		Stanford Alum/Year:		Alum/Year:
Marital !	Status: Married	Divorced	Separated	Other	The Section of the
Other Children		Age	Attended Bing?	Year(s) Attended
	e a non-refundable \$50				
	enrolled at Bing Nursery our application has beer				
I declare to the best of my	knowledge and belief that the	above information is	true, correct and complete.		
	Parent Signature			Date	
For Office Use Only:					
Entered:	Tour E-mail:		Tour Date:	Start Date:	