

**Kumara School Application
Family Information Sheet**

Please return this form together with the \$50.00 non-refundable application fee and a picture of your child. Contact us at 415-388-5437 or e-mail us at info@kumaraschool.com to get more information about our Kumara School Prospective Parent information events.

Child's name: _____ Age: _____ Birth date: _____

Girl _____

Boy _____

Child's Address: _____

Home Phone: _____

Why have you chosen to inquire about Kumara School?

When would you choose for your child to begin Kumara School?

How many years do you expect your child to attend Kumara School (we accept children 2-6 years of age).

Please circle the days and times you would prefer (children need to attend a minimum of three mornings a week).

Monday morning (8:30-1:00) /partial-day 8:30-3:30/ full time 7:00-6:00

Tuesday morning (8:30-1:00) /partial-day 8:30-3:30/ full time 7:00-6:00

Wednesday morning (8:30-1:00) /partial-day 8:30-3:30/ full time 7:00-6:00

Thursday morning (8:30-1:00) /partial-day 8:30-3:30/ full time 7:00-6:00

Friday morning (8:30-1:00) /partial-day 8:30-3:30/ full time 7:00-6:00

(if you are requesting a part-time schedule are able to be flexible with days you have requested? yes/no).

Please describe the person(s) or program(s) that have provided care for your child.

Parent name: _____

Address: _____ check if address is the same as child

Home Phone: _____

Cell phone: _____

Occupation: _____

E-mail address: _____

Parent name: _____

Address: _____ check if address is the same as child

Home Phone: _____

Cell phone: _____

Occupation: _____

E-mail address: _____

Parent with whom the child resides: _____

Does your child have any special needs that would affect the school experience?

What do you hope to gain for your child and yourself from our program?

In what way so you see yourself contributing to the Kumara community?

Signature: _____ Date: _____

Signature: _____ Date: _____

Return to Kumara School 540 Marin Avenue Mill Valley, CA. 94941