

**PEPPER TREE AFTER SCHOOL PROGRAM – Stanford University, WorkLife Office  
ENROLLMENT APPLICATION 2011-2012**



CHILD'S FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_ Years \_\_\_ Months DATE OF BIRTH: \_\_\_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ GENDER: (M or F) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY \_\_\_\_\_

Will you be living in Escondido Village while your child is enrolled in the program? \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_ STANFORD AFFILIATED? \_\_\_\_\_

DEPARTMENT/EMPLOYER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_ STANFORD AFFILIATED? \_\_\_\_\_

DEPARTMENT/ EMPLOYER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**ENROLLMENT REQUEST (Rank choice from 1 to 3)**

(Tuition Fees will be available on separate fee schedule in June, 2011 – they will be within 3% of 2010-11 fees)

**Kindergarten Full Day Program:** \_\_\_\_\_ 5 DAYS (Monday through Friday)  
(12:00-5:50pm) \_\_\_\_\_ 3 DAYS (Monday, Wednesday, & Friday)  
\_\_\_\_\_ 2 DAYS (Tuesday & Thursday)

**Kindergarten Half Day Program:** \_\_\_\_\_ 4 DAYS (Monday, Tuesday, Thursday Friday)  
(12:00-2:50pm) \_\_\_\_\_ 2 DAYS (Monday, Friday)  
\_\_\_\_\_ 2 DAYS (Tuesday, Thursday)

**1<sup>st</sup> and 2<sup>nd</sup> Grades:** \_\_\_\_\_ 5 DAYS (Monday through Friday)  
(2:50-5:50pm) \_\_\_\_\_ 3 DAYS (Monday, Wednesday, Friday)  
\_\_\_\_\_ 2 DAYS (Tuesday, Thursday)

**Submit completed application form and **\$25.00 application fee** to:  
Susie Steiner, Director**

**Pepper Tree After School Program, 865 Escondido Rd, Stanford, CA 94305  
(Please make checks payable to: Pepper Tree) For more information call: (650) 723-3646**

Email: [ssteiner@stanford.edu](mailto:ssteiner@stanford.edu)

Fax: 650-725-4686 (Applications can be faxed to this number – then mail or hand deliver deposit.)

OFFICE USE ONLY

Amount Paid \$ _____	Check # _____	Date _____
Receipt: Mailed _____	In person _____	Updated _____
Tour Date: _____	Confirmed _____	Waitlisted _____