

DIAMOND BAR COMMUNITY PRESCHOOL
SIBLING NURSERY CONFIRMATION

To: Scheduling Chairperson

From: _____

I intend to use the sibling nursery on my scheduled work days. My preschool child,
_____, is enrolled in the 2-day/3-day/5-day program. My child(ren) who will
be in the sibling nursery is/are listed below:

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____