

BROADWAY PRESBYTERIAN CHURCH NURSERY SCHOOL

601 W. 114th Street
New York, NY 10025
(212) 864-6100, ext. 130

Application for Enrollment for 2012-2013

Please submit no later than January 2, 2012

Full Name of Applicant: _____
(First) (Middle) (Last)

Name usually called: _____ Date of birth _____ Male Female

Home address: _____

Home telephone: _____ Languages spoken at home: _____

Applying for: Regular Program (5 days) Partial week (3 or 4 days)
Mornings (9:00-12:30)
Full Day (9:00-2:30)

Name, address and dates of schools or groups previously attended:

May we contact these schools for their evaluation of your child? Yes No

If no, please state reason: _____

The applicant's parents are: living together separated divorced
Single parent deceased: mother father

With whom does the child live? _____

Parent/Guardian 1 Name: _____

Home address: _____ Telephone: _____

Business/Profession: _____ Telephone: _____

Business Address: _____

Email address: _____

Parent/Guardian 2 Name: _____

Home address: _____ Telephone: _____

Business/Profession: _____ Telephone: _____

Business Address: _____

Email Address: _____

Applicant Name: _____

Step-parent Name: _____

Home address: _____ Telephone: _____

Business/Profession: _____ Telephone: _____

Business Address: _____

Email address: _____

Step-parent Name: _____

Home address: _____ Telephone: _____

Business/Profession: _____ Telephone: _____

Business Address: _____

Email address: _____

Siblings and/or step-siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

What is the applicant's present state of health? _____

List any significant illnesses and/or allergies: _____

Is applicant under any medical treatment at present? Yes No

If yes, please describe: _____

Is applicant toilet trained? Yes No

If no, please describe how training is proceeding: _____

Please note that children must be toilet trained upon entering the school.

Applicant Name: _____

It is our wish to know your child as fully as possible. To this end we urge you to answer the following section openly.

What are your child's most pronounced interests and abilities? _____

What areas are of concern to you? _____

Please tell us about any event in your child's life of profound influence: _____

Has applicant received Early Intervention or related services? Yes No

Please describe candidly: _____

What is it that draws you to Broadway Presbyterian Church Nursery School? _____

Please provide any additional information you would like the school to have concerning your child: _____

Applicant Name: _____

Is applicant applying for financial aid? Yes No

Are you in any way affiliated with Broadway Presbyterian Church? _____

Please indicate any family members or friends who have been or are in any way affiliated with the Nursery School:

We will be phoning you to arrange an interview. Whenever possible we would like both parents and/or guardians to accompany the child to the interview.

We would appreciate a recent head and shoulders photo of your child. This will aid us in recalling him/her more personally later on.

I/We hereby make application for the admission of my/our child to Broadway Presbyterian Church Nursery School. I/We have enclosed a check in the amount of \$40, a non-refundable application fee, payable to Broadway Presbyterian Church Nursery School.

Signature of parent/guardian

Signature of parent/guardian

Date: _____

*******OPTIONAL POLL*******

We are working toward opening a partial week classroom for younger threes. If this option became available, would you be interested?

Would you be interested in 2 days a week or 3? Ideally, which days of the week would you want to send your child? _____

FOR OFFICE USE:

Date received: _____

App fee check no. _____

Tour: _____

Interview: _____

Add'l notes: