



Application for Enrollment for 2011-2012

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: Mornings Full Day Regular Program (5 days) Partial week (3 or 4 days)

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 or father (please circle one)

With whom does the child live?

Parent/Guardian Name:

Home address:

Home telephone:

Business/Profession:

Business telephone:

Business Address:

Email address:

Parent/Guardian Name:

Home address:

Home telephone:

Business/Profession:

Business telephone:

Applicant Name:

Business Address:

Email address:

Step-parent Name:

Home address:

Home telephone:

Business/Profession:

Business telephone:

Business Address:

Email address:

Step-parent Name:

Home address:

Home telephone:

Business/Profession:

Business telephone:

Business Address:

Email address:

Siblings and/or step-siblings:

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

Applicant Name:

If yes, please describe:

Has applicant received Early Intervention or related services? 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.*

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

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:

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? If yes, please explain.

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, made payable to Broadway Presbyterian Church Nursery School.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

OPTIONAL POLL

If an option for a partial week classroom for younger threes became available, would you be interested?
 Yes No

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

FOR OFFICE USE ONLY	
Date received:	Application Fee Check No.:
Tour:	
Interview:	
Additional Notes:	