

**CENTRAL PRESBYTERIAN CHURCH WEEKDAY NURSERY SCHOOL AND KINDERGARTEN****2-1/2**

## APPLICATION FOR ENROLLMENT IN THE 2-½ YEAR OLD PROGRAM

<b>2-1/2 Year Old Class Options</b>							
<u>Choice</u>	<u>Days</u>	<u>Time</u>	<u>Price</u>				
_____	3 day class Mon Tue & Wed	8:45am- 11:45 am	\$4090				

Child's Name:					Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name By Which Child Is Called:				Date of Birth:	/	/
Home Address:						
Tel #:			Cell #:			
E-Mail:				Publish E-Mail in Directory?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Father's Name:				CPC Church Affiliation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Place of Business:				Business Phone:		
Mother's Name:				CPC Church Affiliation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Place of Business:				Business Phone:		
Either Parent Attend CPC Nursery School?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Who:	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	

<u>OTHER CHILDREN IN FAMILY, DATES OF BIRTH AND INDICATE IF ATTENDED</u>					
Name:		D.O.B.	/	/	Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:		D.O.B.	/	/	Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:		D.O.B.	/	/	Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:		D.O.B.	/	/	Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO

Child's Physician:			Tel. #	
Address of Physician:				
Do we have your permission to get emergency medical assistance for your child if we cannot reach you or the child's physician?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Children will be released to either parent. In the event parents are unavailable please provide the name of a friend or relative who we may contact and release your child to in the case of an emergency.</b>				
Name:		Tel. #		Relationship:
Name:		Tel. #		Relationship:

HAS CHILD HAD ANY PREVIOUS NURSERY SCHOOL EXPERIENCE? IF YES, WHERE AND WHAT TYPE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

WAS THE PREGNANCY AND BIRTH OF THIS CHILD NORMAL?  YES  NO

IS CHILD RIGHT-HANDED?  LEFT-HANDED?  NOT YET DETERMINED

DOES CHILD HAVE ANY ALLERGIES? IF YES, PLEASE LIST BELOW.  YES  NO

ANY PHYSICAL DEFECTS?  YES  NO

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?  YES  NO  
(Note: No religious exemptions will be granted as per our right as specified in N.J.A.C. 8:57-4.4)

ANY FEARS? IF YES, EXPLAIN BELOW:  YES  NO

ANY REASON FOR PHYSICAL EXERCISE TO BE LIMITED? IF YES, EXPLAIN BELOW:  YES  NO

DOES YOUR CHILD HAVE FREQUENT COMPANIONSHIP WITH OTHER CHILDREN?  YES  NO

IN ORDER FOR US TO KNOW YOUR CHILD AND HIS/HER NEEDS, PLEASE WRITE A FEW SENTENCES TELLING US ABOUT YOUR CHILD.

In the event that my child is accepted into one of your classes, I agree to pay all tuition costs in the amount and at the times set forth in the current Weekday Nursery School fee schedule. Scholarships are available. Please submit a letter of Request for Assistance to the Director with this application.

A \$175.00 Registration Fee is required with your application. This payment contains a non-refundable application fee of \$75.00, of which \$50.00 will go into our Scholarship Fund, and \$100.00 will be deducted from the tuition. A \$200.00 non-refundable tuition payment will be due April 1<sup>st</sup> for those accepted into our program. A tuition payment equal to half of the total balance will be due June 30<sup>th</sup>, and the final payment will be due January 31, 2023.

Signature:

Date: