



**CENTRAL PRESBYTERIAN CHURCH WEEKDAY NURSERY SCHOOL AND KINDERGARTEN**

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**APPLICATION FOR ENROLLMENT IN THE KINDERGARTEN PROGRAM**

<u>Days</u>	<u>Time</u>	<u>Price</u>
Mon. thru Fri.	8:45am-2:30pm	\$8,500

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

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

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**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.**

**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 \$1,000.00 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, 2019.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_