



CENTRAL PRESBYTERIAN CHURCH WEEKDAY NURSERY SCHOOL AND KINDERGARTEN

2-1/2

APPLICATION FOR ENROLLMENT IN THE 2-1/2 YEAR OLD PROGRAM: 2019-2020

<u>2-1/2-Year-Old Class Options</u>				<u>Option for 3rd Day Enrichment Class</u>			
Choice	Days	Time	Price	Choice	Days	Time	Price
_____	2-day class Mon & Tue	8:45am- 11:45 am	\$2520	_____	Tue	11:45-2:30pm	\$950
_____	3-day class Mon Tue & Fri	8:45am- 11:45 am	\$3780				

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		
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.		
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

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WAS THE PREGNANCY AND BIRTH OF THIS CHILD NORMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO

IS CHILD RIGHT-HANDED? <input type="checkbox"/>	LEFT-HANDED? <input type="checkbox"/>	NOT YET DETERMINED <input type="checkbox"/>
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DOES CHILD HAVE ANY ALLERGIES? IF YES, PLEASE LIST BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO

ANY PHYSICAL DEFECTS? <input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: No religious exemptions will be granted as per our right as specified in N.J.A.C. 8:57-4.4)
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ANY FEARS? IF YES, EXPLAIN BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO

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ANY REASON FOR PHYSICAL EXERCISE TO BE LIMITED? IF YES, EXPLAIN BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOES YOUR CHILD HAVE FREQUENT COMPANIONSHIP WITH OTHER CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IN ORDER FOR US TO KNOW YOUR CHILD AND HIS/HER NEEDS, PLEASE WRITE A FEW SENTENCES TELLING US ABOUT YOUR CHILD.
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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 1st for those accepted into our program. A tuition payment equal to half of the total balance will be due June 30th, and the final payment will be due January 31, 2020.

Signature:

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Date:

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