



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

**4's**

APPLICATION FOR ENROLLMENT IN THE 4-YEAR OLD PROGRAM: 2019-2020

<b>4-Year Old Class Options (Rank Class Preference)</b>				<b>4's Imagination Station Indicate number of sessions requested _____</b>			
Choice	Days	Time	Price	Choice	Days	Time	Price
_____	4 day class MTWTh	8:45am-12:00	\$4995	_____	Mon.	12:00-2:30	\$950
_____	5 day class MTWThF	8:45am-12:00	\$6095	_____	Tue.	12:00-2:30	\$950
_____				_____	Wed.	12:00-2:30	\$950
_____	Almost 5's class-5 day	8:45am-1:00	\$6995	_____	Thur.	12:00-2:30	\$950
<b>**Almost 5's option- must be 5 by Dec.31, 2019 -same enrichment options priced at \$880 per session</b>							

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		

<b>OTHER CHILDREN IN FAMILY, DATES OF BIRTH AND INDICATE IF ATTENDED</b>					
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	

**WHEN PARENTS CANNOT BE REACHED, PLEASE PROVIDE THE NAME OF A FRIEND, NEIGHBOR OR RELATIVE WHO WE MAY NOTIFY IN CASE OF AN EMERGENCY SUCH AS A SCHOOL CLOSING OR ILLNESS. PLEASE STATE RELATIONSHIP.**

Name:

Tel. #

Relationship:

Name:

Tel. #

Relationship:

HAS CHILD HAD ANY PREVIOUS NURSERY SCHOOL EXPERIENCE? IF YES, WHERE AND WHAT TYPE.  YES  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. FEEL FREE TO USE AN ADDITIONAL SHEET IF NECESSARY.**

**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, 2020.**

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

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