



CENTRAL PRESBYTERIAN CHURCH WEEKDAY NURSERY SCHOOL AND KINDERGARTEN

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APPLICATION FOR ENROLLMENT IN THE KINDERGARTEN PROGRAM: 2019-2020

<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
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

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 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: _____

Date: _____