

BROADWAY PRESBYTERIAN CHURCH NURSERY SCHOOL

601 W. 114th Street
New York, NY 10025
(212) 864-6100, ext. 130

2016 Application for Enrollment in Summer Camp

Full Name of Applicant: _____
(First) (Middle) (Last)

Name usually called: _____ Date of birth _____ Male Female

Home address: _____

Preferred telephone: _____ Language(s) spoken at home: _____

Applying for (check one):

- Morning Session (9:00-12:30)
- Extended Day (9:00-2:30)

I would like to enroll for the following weeks:

- 6/27-7/1 7/5-8
- 7/11-15 7/18-22 7/25-29

Name, address and dates of schools or groups previously attended:

May we contact these schools for their evaluation of your child? Yes No

If no, please state reason: _____

The applicant's parent(s) is/are: living together separated divorced
 single parent deceased: mother father

With whom does the child live? _____

Parent/Guardian 1 Name: _____

Home address: _____ Telephone: _____

Business/Profession: _____ Telephone: _____

Business Address: _____

Email address: _____

Parent/Guardian 2 Name: _____

Home address: _____ Telephone: _____

Business/Profession: _____ Telephone: _____

Business Address: _____

Email Address: _____

Applicant Name: _____

Siblings and/or step-siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

What is the applicant's present state of health? _____

List any significant illnesses and/or allergies: _____

Is applicant under any medical treatment at present? Yes No

If yes, please describe: _____

Has your child received Early Intervention or related services (OT, Speech etc.)? Yes No

If yes, please describe candidly: _____

Please provide any additional information you would like the school to have concerning your child: _____

Please indicate any family members or friends who have been or are in any way affiliated with the Nursery School:

Please submit with a check in the amount of \$40, a non-refundable registration fee, payable to Broadway Presbyterian Church Nursery School.

Signature of parent/guardian

Signature of parent/guardian

Date: _____

Date: _____

Please Note:

***We will contact you to arrange a tour and a play visit for your child.**

***Enclose the \$40 registration fee and mail to:**

**Broadway Presbyterian Church Nursery School Admissions
601 West 114th Street
New York, NY 10025**