



BROADWAY PRESBYTERIAN CHURCH NURSERY SCHOOL

2018-2019 Application for Enrollment

Submit no later than January 5, 2018

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

Name usually called: _____ Date of birth _____ Gender _____

Address: _____

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

Applying for:

- _____ 2s Class (Child will be 2 by September 2018)
- _____ Morning 3s (5 days) (Child will be 3 by December 2018)
- _____ Afternoon 3s (3 days) (Child will be 3 by December 2018)
- _____ 4s/Nearly 4s (Mornings) (Older 3s and 4s)
- _____ 4s/Nearly 4s (Extended Day) (Older 3s and 4s)

Are you applying for financial aid? Yes No

If yes, please visit www.sss.nais.org and complete the online application by the 1/30/18 deadline. The school code is 157945.

Schools, classes or groups previously attended (if any):

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

If no, please state reason: _____

Parent(s)/Guardian(s)

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

Parent 1: _____ Parent 2: _____

Address: _____ Address: _____

Phone (home): _____ Phone (home): _____

(Work): _____ (Work): _____

(Cell): _____ (Cell): _____

Email: _____ Email: _____

Profession: _____ Profession: _____

Employer: _____ Employer: _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

It is our wish to know your child and family as fully as possible. To this end we urge you to answer the following sections openly.

Please describe your child's early development including any significant illnesses and/or medical treatment: _____

What are your child's most pronounced interests and abilities? _____

Please describe your child's speech and language development: _____

What areas are of concern to you? _____

Has your child received Early Intervention or related services (OT, Speech etc.)?

Yes No (Please note that receiving services does not exclude children from admission to BPCNS.)

If yes, please describe candidly: _____

What are your priorities in choosing a nursery school? _____

Please provide any additional information you would like the school to have concerning your child and/or your parenting values: _____

How did you learn about Broadway Presbyterian Church Nursery School? _____

Are you in any way affiliated with Broadway Presbyterian Church? _____

I/We hereby make application for the admission of my/our child to Broadway Presbyterian Church Nursery School. I/We have enclosed a check in the amount of \$45, a non-refundable application fee, payable to Broadway Presbyterian Church Nursery School (or BPCNS).

Signature of parent/guardian
Date: _____

Signature of parent/guardian
Date: _____

Please Note:

***We will contact you to arrange a tour (adults only) in the fall and a play visit for your child in the winter (3s and 4s applicants only). For two-parent families, we ask that we have the opportunity to meet *both* parents during the admissions process.**

To help us remember your child and family during the application process, *please attach a recent family photo.

***Enclose the \$45 application fee and mail to:
Broadway Presbyterian Church Nursery School Admissions
601 West 114th Street
New York, NY 10025**

FOR OFFICE USE: Date received: _____ App fee check no. _____ Tour Date: _____ Play Visit Date: _____ Addtl notes:
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