



BROADWAY PRESBYTERIAN CHURCH NURSERY SCHOOL

2024-2025 Application for Enrollment

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

Name usually called: _____ Date of birth _____ Gender _____

Address: _____

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

Applying for:

- ☐ Mornings 9-12
☐ Extended Session 9-2:30
☐ Full Day 9-5:30
☐ Early Drop-Off (8:00am)
☐ Early Drop-Off (8:30am)
- ☐ Twos Playgroups (*non-separation*)
Fall, winter & spring sessions, T/Th 9:30-11

Are you applying for financial aid? ☐ Yes ☐ No

*If yes, please visit smartaidforparents.com and complete the online application by the 1/30/23 deadline.
The school ID is 15022. Financial aid is not available for our Twos programs.*

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 ☐ other: _____

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: _____

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:

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

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

What areas are of concern to you? _____

Would your child need assistance and/or modifications to the school's programs and services in order to participate fully? _____

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 family: _____

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 \$55, 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:

***Enclose the \$55 application fee and mail to:**
Broadway Presbyterian Church Nursery School Admissions
601 West 114th Street
New York, NY 10025

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

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

FOR OFFICE USE:

Date received: _____

App fee check no. _____

Tour Date: _____

Add'l notes: