Harundale Presbyterian Weekday Nursery School 1020 Eastway, Glen Burnie, MD 21060 410-766-4338

APPLICATION FOR ADMISSION

Registration fee \$75/\$65 if registered before 6/1/23

Application for: _	3 year old classmust be three by 9/01/2023 tuition \$170/month Tues. /Thurs
_	3 year old class tuition \$225/month Mon./Wed./F
_	4 year old classmust be four by 9/01/2023 tuition \$225/month Mon./Wed./Fi
-	4 year old class tuition \$280/month MonFri.
Child's Full Nar	ne:
Name child goe	es by:
Date of Birth: _	Male or Female (Circle one)
Child's Home A	ddress:
	Zip: Home Phone Number
Parent or Guard	dian Information:
Father's Name:	Phone
	ss:
	eation:
	of Employment:Phone
Email address:	
Mother's Name	:Phone
Mother's Addre	ess:
Mother's Occup	pation:
Mother's Place	of Employment:Phone
Email address:	
Family Informa	tion:
Brothers and/or	r sisters (Please list names, ages, and whether they live with the child):
	· · · · · · · · · · · · · · · · · · ·
Please list any	other people living with the child and their relationship to the child:
Pick Up:	
-	2 d 4 2 4b b 9 d
rersons autnor	ized to pick up the child:
Persons who m	nay not pick up the child:
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Personal History:	
Has the child had previous group or preschool experience? If so, when and where?	
Does your child have any allergies?	
Are there any medical problems what we should be aware of?	_
Childs Physician Phone number	
Any additional information about the child	
I am submitting payment of the registration fee as required by school. I understand fee is not refundable. I also understand that the tuition is due the first day of the moseptember-May to HPWS. Charges will be made for returned checks.	_
Signed: Date:	
Registration is open to all regardless of race, color, religion, national or ethnic origin	1.
Please tell us how you heard about our preschool	
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List name, address and phone number of persons to be contacted in case of emergency:

(Please do not list anyone who lives out of town or is working.)