

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

APPLICATION FOR ADMISSION Tuition Rates

Application for: 3 yr old class-must be 3 by 9/01/2008 \$95/month
 4 yr old-3 day a wk must be 4 by 9/01/2008 \$125/month
 4 yr old-5 day a wk " " \$195/month

Child's Full Name: _____
Name Child Goes By: _____
Date of Birth: _____ Male or Female (Circle One)
Child's Home Address: _____
City: _____ Zip: _____ Home Phone Number: _____

Parent or Guardian Information

Father's Name: _____ Phone: _____
Father's Address: _____
Father's Occupation: _____
Father's Place of Employment: _____ Phone: _____
Father's Church Affiliation: _____

Mother's Name: _____ Phone: _____
Mother's Address: _____
Mother's Occupation: _____
Mother's Place of Employment: _____ Phone: _____
Mother's Church Affiliation: _____

Family Information:

Brothers and/or 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:

Persons authorized to pick-up the child: _____

Persons who may not pick-up the child: _____ (over)

Telephone number and address to be contacted in case of an emergency:
(Please do not list anyone who is working or lives out of town)

1) _____

2) _____

Personal History:

Is the child right or left-handed? _____

Has the child had previous group or pre-school experience? If so, when and where?

Does the child have any allergies? If so, please specify _____

Are there any medical problems that we should be aware of? _____

Is the child toilet trained? _____ Any bowel or bladder irregularities?

_____ (A parent or other adult must
be available to come to school if called for any potty related accidents)

Are there any special dietary restrictions or eating instructions? _____

Child's Physician: _____ Phone: _____

Any additional information such as discipline, child's communication, etc. that we
should know?

I am submitting \$40.00 in payment of the registration fee plus one month's tuition
as required by the school. ***I understand that the registration fee will not be refunded
unless my child is not accepted.*** I also understand that the tuition is payable the first
day of each month from Sept. to April to the Harundale Presbyterian Weekday
School (HPWS). A late charge will be assessed for any payment received after the
due date. Charges will be made for returned checks as we are charged by the bank.
If the 5 day program is unavailable for the 4 yr olds, the child will be placed in a 3
day 4 yr old program.

Signed: _____ Date: _____

Please return this application promptly as enrollment is limited.

Registration is open to all regardless of race, color, religion, national or ethnic
origin.

Please tell us how you heard of our Nursery School Program:

- ___ Banner and/or sign in front of school
- ___ Newspaper article
- ___ Pennysaver ad
- ___ Chesapeake Family magazine
- ___ Friends or family
- ___ Other (please specify) _____