

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

APPLICATION FOR ADMISSION

Application for: ___ 3 year old class ---must be three by 9/01/10 tuition \$110/month
 ___ 4 year old class ---must be four by 9/01/10 tuition \$145/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: _____
Email address: _____

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

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: _____

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.)

1. _____

2. _____

Personal History:

Is the child right or left handed? _____

Has the child had previous group or preschool 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 for any potty related accidents.)

Are there any special dietary restrictions or eating instructions?

Can other people understand your child's speech? _____

Child's Physician: _____ Phone _____

Is there any additional information about the child that we should know?

I am submitting \$50.00 in payment of the registration fee plus one month's tuition as required by the school. I understand 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 September to April to the Harundale Presbyterian Weekday School (HPWS). A late charge will be assessed for any payment received after the 5th of the month. Charges will be made for returned checks ---- current bank charge is \$25.

Signed _____ Date _____

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 or sign in front of the school**
 - ___ **Newspaper article**
 - ___ **Pennysaver ad**
 - ___ **Chesapeake Family Magazine**
 - ___ **Friends and family**
 - ___ **Internet**
 - ___ **Mom's Club Nursery School Night**
 - ___ **Mom's Club friends**
 - ___ **Other, please specify** _____
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