



CENTRAL PRESBYTERIAN CHURCH WEEKDAY NURSERY SCHOOL AND KINDERGARTEN

4

APPLICATION FOR ENROLLMENT IN THE 4-YEAR OLD PROGRAM

| 4-Year Old Class Options (Rank Class Preference) | | | | 4's Imagination Station Indicate number of sessions requested _____ | | | |
|--|---------------------------|--------------|--------|--|-------|------------|-------|
| Choice | Days | Time | Price | Choice | Days | Time | Price |
| _____ | 4 day class MTWTh | 8:45am-12:00 | \$4995 | _____ | Mon. | 12:00-2:30 | \$950 |
| _____ | 5 day class MTWThF | 8:45am-12:00 | \$6095 | _____ | Tue. | 12:00-2:30 | \$950 |
| _____ | | | | _____ | Wed. | 12:00-2:30 | \$950 |
| _____ | Almost 5's class-5 day | 8:45am-1:00 | \$6995 | _____ | Thur. | 12:00-2:30 | \$950 |
| **Almost 5's option- must be 5 by Dec.31, 2018 -same enrichment options priced at \$880 per session | | | | | | | |
| | | | | | | | |

| | | | | | |
|--|------------------------------|-----------------------------|----------------|---------------------------------|--|
| Child's Name: | | | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Name By Which Child Is Called: | | | Date of Birth: | / | / |
| Home Address: | | | | | |
| Tel #: | | | Cell #: | | |
| E-Mail: | | | | Publish E-Mail in Directory? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Father's Name: | | | | CPC Church Affiliation: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Place of Business: | | | | Business Phone: | |
| Mother's Name: | | | | CPC Church Affiliation: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Place of Business: | | | | Business Phone: | |
| Either Parent Attend CPC Nursery School? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If Yes, Who: | <input type="checkbox"/> MOTHER | <input type="checkbox"/> FATHER |

| OTHER CHILDREN IN FAMILY, DATES OF BIRTH AND INDICATE IF ATTENDED | | | | | |
|--|--|--------|---|---|---|
| Name: | | D.O.B. | / | / | Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name: | | D.O.B. | / | / | Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name: | | D.O.B. | / | / | Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name: | | D.O.B. | / | / | Attended CPC WNSK? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|---|--------|
| Child's Physician: | Tel. # |
| Address of Physician: | |
| Do we have your permission to get emergency medical assistance for your child if we cannot reach you or the child's physician? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

WHEN PARENTS CANNOT BE REACHED, PLEASE PROVIDE THE NAME OF A FRIEND, NEIGHBOR OR RELATIVE WHO WE MAY NOTIFY IN CASE OF AN EMERGENCY SUCH AS A SCHOOL CLOSING OR ILLNESS. PLEASE STATE RELATIONSHIP.

Name:

Tel. #

Relationship:

Name:

Tel. #

Relationship:

HAS CHILD HAD ANY PREVIOUS NURSERY SCHOOL EXPERIENCE? IF YES, WHERE AND WHAT TYPE. YES NO

WAS THE PREGNANCY AND BIRTH OF THIS CHILD NORMAL? YES NO

IS CHILD RIGHT-HANDED?

LEFT-HANDED?

NOT YET DETERMINED

DOES CHILD HAVE ANY ALLERGIES? IF YES, PLEASE LIST BELOW. YES NO

ANY PHYSICAL DEFECTS? YES NO

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES NO
(Note: No religious exemptions will be granted as per our right as specified in N.J.A.C. 8:57-4.4)

ANY FEARS? IF YES, EXPLAIN BELOW: YES NO

ANY REASON FOR PHYSICAL EXERCISE TO BE LIMITED? IF YES, EXPLAIN BELOW: YES NO

DOES YOUR CHILD HAVE FREQUENT COMPANIONSHIP WITH OTHER CHILDREN? YES NO

IN ORDER FOR US TO KNOW YOUR CHILD AND HIS/HER NEEDS, PLEASE WRITE A FEW SENTENCES TELLING US ABOUT YOUR CHILD. FEEL FREE TO USE AN ADDITIONAL SHEET IF NECESSARY.

In the event that my child is accepted into one of your classes, I agree to pay all tuition costs in the amount and at the times set forth in the current Weekday Nursery School fee schedule. Scholarships are available. Please submit a letter of Request for Assistance to the Director with this application.

A \$175.00 Registration Fee is required with your application. This payment contains a non-refundable application fee of \$75.00, of which \$50.00 will go into our Scholarship Fund, and \$100.00 will be deducted from the tuition. A \$200.00 non-refundable tuition payment will be due April 1st for those accepted into our program. A tuition payment equal to half of the total balance will be due June 30th, and the final payment will be due January 31, 2019.

Signature: _____

Date: _____