

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

APPLICATION FOR ADMISSION

Registration fee \$65

Application for: <u> </u> 3 year old class ---must be three by 9/01/2021	tuition	\$155/month	Tues. /Thurs.
<u> </u> 3 year old class		\$210/month	Mon./Wed./Fri.
<u> </u> 4 year old class ---must be four by 9/01/2021	tuition	\$210/month	Mon./Wed./Fri.
<u> </u> 4 year old class		\$265/month	Monday - Friday

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:

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 the registration fee is not refundable. I also understand that the tuition is due the first day of the month from September-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.

Please tell us how you heard about our preschool _____
