

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

**APPLICATION FOR ADMISSION**

Application for: <u>   </u> 3 year old class ---must be three by 9/01/2018	tuition	\$145/month	Tues. /Thurs.
<u>   </u> 3 year old class		\$195/month	Mon./Wed./Fri.
<u>   </u> 4 year old class ---must be four by 9/01/2018	tuition	\$195/month	Mon./Wed./Fri.
<u>   </u> 4 year old class		\$250/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. \_\_\_\_\_

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**Personal History:**

**Is the child right or left handed?** \_\_\_\_\_ **undecided** \_\_\_\_\_

**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 guardian must be available to come to school for any bowel related accidents)**

**Are there any special dietary restrictions or eating instructions?** \_\_\_\_\_

**Childs Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Any additional information about the child (speech, physical problems, etc.) that we should know?** \_\_\_\_\_

**I am submitting \$50 in 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 through May to Harundale Presbyterian Weekday School (HPWS). I late fee will be assessed for any payment received after the 5<sup>th</sup> of the month. Charges will be made for returned checks (\$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**

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