

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 9/01/2019 | tuition \$150/month | Tues. /Thurs. |
| ___ 3 year old class | \$200/month | Mon./Wed./Fri. |
| ___ 4 year old class ---must be four by 9/01/2019 | tuition \$200/month | Mon./Wed./Fri. |
| ___ 4 year old class | \$255/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:

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 5th 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
