

**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	\$5400	_____	Mon.	12:00-2:30	\$975
_____	5 day class MTWThF	8:45am-12:00	\$6595	_____	Tue.	12:00-2:30	\$975
_____				_____	Wed.	12:00-2:30	\$975
_____	Almost 5's class-5 day	8:45am-1:00	\$7565	_____	Thur.	12:00-2:30	\$975
**Almost 5's option- must be 5 by March 31, 2022 -T.W.Th. options priced at \$898 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, 2023

Signature: _____

Date: _____