

Enrollment Application: New Family
School Year: _____

CHILD'S NAME: _____ MY CHILD LIKES TO BE CALLED: _____

BIRTHDATE: _____ AGE ON SEPTEMBER FIRST: _____

PARENT 1

PARENT 2

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

_____ **APPLICATION FEE (non-refundable): \$50.00**

Make checks payable to "St. Paul's Weekday Nursery School." Date received: _____

PROGRAM CHOICE (not all programs may be offered at this time). Please rank in order of preference.

Age on September 1st:

2 years, 9 months – 3 years, 5 months: _____ 2 Days per week

_____ 3 Days per week

3 years, 6 months – 3 years, 11 months: _____ 3 Days per week

_____ 4 days per week

4 years – 5+ years: _____ 3 Days per week

_____ 4 days per week

_____ 5 days per week

Is there anything else we should know as we determine classroom placements? _____

Signature of Parent or Guardian

Date