

# Presbyterian Nursery School and Kindergarten Application

Child's Name (First, Last): \_\_\_\_\_ Name Used: \_\_\_\_\_

Sex:  M  F Age as of Oct. 1: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

## MEDICAL CARE:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies or special health needs? (If Allergens, a **Plan of Action** form must be filled out – please contact us): \_\_\_\_\_

## REGISTRATION:

*Please indicate your choices below. Three selections must be made for Preschool classes.*

	Number of Days	Day and Times	per week	Age of Class
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

Please circle your category: (1) Church Member (2) Currently Enrolled, Sibling, Alumni (3) TOPS (4) Open

How did you hear about PNS&K?  Friend  Neighbor  Realtor  Web  Other \_\_\_\_\_

My signature indicates my understanding of the Registration Process and the Non-refundable Application Fee.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_