



First Presbyterian
NURSERY SCHOOL

APPLICATION FOR FALL 2011 ADMISSION

(Child must be 2 years 6 months by September 30, 2011)

Name of Child: _____

last

first

middle

Today's date: _____ Birth date: _____

Home phone number: _____ Child's gender (*please circle*): boy girl

Address: _____

street

city

zip

Email address: _____

Name of Parent: _____ Occupation: _____

Employer: _____ Phone: _____

Name of Parent: _____ Occupation: _____

Employer: _____ Phone: _____

Do you have a child who is attending or has attended this school? _____

Current child care: _____

The morning program is 5 days a week, 9:00am-12:30pm with an optional extended day available until 3:00pm. The full day program is 8:30am-5:30pm. Please check the schedule you would like below (*if you want less than 5 days for the youngest classroom only, please note the days you would prefer*):

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00am - 12:30pm					
9:00am-3:00pm					
8:30am-5:30pm					

Will you be requesting financial aid? _____

From whom did you learn about the Nursery School? _____

When did you attend the School Orientation Tour? _____

Do you attend First Presbyterian Church of Santa Monica? _____

(If yes, please attach a letter from one of the pastors.)

Please include one informal family photograph.

If there is any other information you would like us to know, please add it to the back of this form or attach an additional page.

A \$75 application fee must accompany this form. Make check payable to:

First Presbyterian Nursery School