

Carlisle Brethren in Christ Church Nursery School

1155 Walnut Bottom Road

Carlisle, PA 17015

243-1863 or saraachuff@carlislebic.org

NURSERY SCHOOL APPLICATION

DATE _____

CHURCH MEMBER (Y OR N)

To register for the 2010-2011 school year, children must be potty trained and 3 by 8/31/10 for the 3-year-old class and for the 3-day 3 & 4-year-old class. To register your child for a 4 & 5-year-old class he/she must be 4 by 8/31/10.

Please submit a **\$25.00 non refundable registration fee, made payable to BICNS** along with this application in order for us to hold a spot.

PLEASE INDICATE A FIRST CHOICE AND A SECOND CHOICE IF POSSIBLE:

3-Year-Old Class (T/Th-8:50-11:20 AM) _____ (\$70/Month)

3 & 4-Year-Old Class (M/W/F-8:50-11:20 AM) _____ \$100/Month)

4 & 5-Year-Old Class (T/Th-8:50-11:20 AM) _____ (\$70/Month)

4 & 5-Year-Old Class (M/W/F-8:50-11:20 AM) _____ (\$100/Month)

4 & 5-Year-Old Class (M-F-8:50-11:20 AM) _____ (\$170/Month)

Name of Child _____
(Last) (First) (Middle)

Birthdate _____ Name you wish your child to be called _____

Child's Primary Residence _____

City _____ State _____ Zip Code _____ Home Phone _____

MOTHER'S NAME _____ **CELL PHONE** _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ (if applicable)

FATHER'S NAME _____ **CELL PHONE** _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ (if applicable)

Family Church Affiliation _____

Names and birthdates of other children in the home:

Other adults living with family (grandparents, etc.)

Has your child been enrolled in any other preschool other than BICNS program?

If so, what kind? _____

Is your child up-to-date on his/her vaccination schedule? Y/N _____

Is your child's health: Robust _____ Good _____ Fair _____ Poor _____

DOES YOUR CHILD HAVE ANY DISABILITY OR MEDICAL CONDITION THAT MAY REQUIRE SPECIAL SERVICES OR CARE? Please explain in detail on back page. _____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? _____

IF SO, IS TREATMENT REQUIRED? _____

WILL MEDICATION NEED TO BE KEPT AT SCHOOL? _____

In comparison with age, is your child: small _____ average _____ large _____

Present weight _____ Height _____

List any fears your child may have _____

Do you know the cause of these fears? _____

What are your child's favorite activities? _____

How often do you read to your child? _____

What methods do you use to discipline your child? _____

What are the major situations which require discipline? _____

How long has your family lived in your present home? _____

Please list relatives who have a significant relationship with your child:

List any special talents or interests that you, as a parent, would like to share with your child's class: _____

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

PLEASE COMPLETE THE BACK OF THIS PAGE

Use the remaining space (1) to write information that you can share with us which would help us to understand your child better, (2) to state briefly what you hope nursery school will accomplish for your child; and (3) to explain any disability or medical condition which we should be aware of prior to the start of nursery school (if applicable):