

Presbyterian Nursery School  
883 Highway 34, Matawan, NJ 07747  
(732) 566 - 9246

APPLICATION FOR ADMISSION

Child's Name \_\_\_\_\_ Child is called \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Neighborhood School District \_\_\_\_\_

Date of Birth *(Child must be 3 or 4 by October 1 to be eligible for THREES & FOURS program, respectively)* \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

Previous school experience? \_\_\_\_\_ If "yes," please specify \_\_\_\_\_

How did you learn of PNS? \_\_\_\_\_

Why have you chosen to enroll your child in PNS? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

List two persons (residing within the area served by PNS) authorized to be contacted and/or to pick up child  
IN CASE OF EMERGENCY if neither parent can be contacted. State relationship, address, phone for each:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

List the name, address and phone number of child's physician \_\_\_\_\_  
\_\_\_\_\_

Indicate type of program desired:

(Class offerings and Before/After Care may change depending on enrollment)

3 year olds choose half-day 9:00 a.m. to 12:00 noon, OR full day 9:00 a.m. to 2:00 p.m.

4 year olds/Pre K Plus choose half-day 8:45 a.m. to 11:45 a.m., OR full day 8:45 a.m. to 2:00 p.m.

2 1/2 and young 3's 9:30 to 11:30, expanding to 9:30 a.m. to 12:00 p.m.

2 1/2 and young 3 year olds, Transitional Threes begins as "Grown Up & Me": 10:00 a.m. to 11:30, expanding 9:30 to 11:30

3's and 4's/"PreK Plus" Two day classes meet Monday & Wednesday OR Tuesday & Thursday (circle preference)

3's and 4's/"PreK Plus" Three day classes meet Tuesday, Thursday, & Friday OR Monday, Wednesday, & Friday

2 1/2 Young 3's meet 2 or 3 days Monday, Wednesday, Friday a.m.

Transitional Threes meets Tuesday and Thursday a.m.

3's and 4's/"PreK Plus" Half-Day

(check) OR

3's and 4's/"PreK Plus" Full Day

3's 9:00 a.m. to 12:00 noon OR 4's 8:45 a.m. to 11:45 a.m.

3's 9:00 a.m. to 2:00 p.m. OR 4's 8:45 a.m. to 2:00 p.m.

2 days/week \$2,000/year (no co-op days) \_\_\_\_\_

\$2,900/yr. (no co-op days) \_\_\_\_\_

3 days/week \$2,950/yr. (no co-op days) \_\_\_\_\_

\$4,300/yr. (no co-op days) \_\_\_\_\_

4 days/week \$3,800/yr. (no co-op days) \_\_\_\_\_

\$5,625/yr. (no co-op days) \_\_\_\_\_

5 days/week \$4,725/yr. (no co-op days) \_\_\_\_\_

\$6,200/yr. (no co-op days) \_\_\_\_\_

2 1/2 Young 3's

(check)

Before & After Care 3's & 4's

9:30 a.m. to 11:30 a.m. expanding to 12:00 noon

\$15.00 per hour 8:30 a.m. & 2:00 p.m. to 4:00 p.m.

2 days/week \$1,800/yr. (no co-op days) \_\_\_\_\_

Monday a.m./p.m. -

3 days/week \$2,625/yr. (no co-op days) \_\_\_\_\_

Tuesday a.m./p.m. -

Wednesday a.m./p.m. -

Transitional THREES \$1,470/yr. \_\_\_\_\_

Thursday a.m./p.m. -

Friday a.m./p.m. -

With this application I grant permission for my child to use all the equipment and participate in all the activities of the school. With this application, I authorize the Director or Teacher, if unable to contact a parent or emergency person, to obtain any emergency medical treatment that may be warranted for my child.

I agree to provide, by my child's entry date, a completed Health Form signed by my child's licensed physician, certified immunization record and results of an exam given within six months prior to entry date.

I am enclosing a non-refundable \$75 Registration Fee (\$50 if re-registering) and a \$50 Advanced Tuition payment. This advanced tuition payment is refundable if PNS is notified of withdrawal plans prior to August 15.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Should a non-custodial parent or guardian be legally prevented from taking custody of this child, please indicate and provide PNS with a copy of the Court Order. State name, address and relationship below.

\_\_\_\_\_ Signed \_\_\_\_\_

.....

Office use: Registration fee \_\_\_\_\_ Adv. Tuition \_\_\_\_\_ W/D date \_\_\_\_\_ Refund pd. \_\_\_\_\_