

# YOUNG CHRISTIAN NURSERY

## APPLICATION FOR ADMISSION

<b>To be completed by parent:</b> Circle class for which you are registering: M/W/F T/Th 9:00-11:30a.m. M and W EXT. 9:00-2:00 p.m. M EXT 9:00-2:00 p.m. W EXT 9:00-2:00 p.m.  I will volunteer in class sessions. Yes _____ No _____	<b>To be completed by YCN:</b> Registration Fee: \$75.00 _____ <span style="float: right;">Date paid</span>  September Tuition: _____ <span style="float: right;">Date paid</span>
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**I. PERSONAL INFORMATION**                      Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Name to be used at school \_\_\_\_\_

Address \_\_\_\_\_ Tel. # Home \_\_\_\_\_ Cell #: \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Cell #: \_\_\_\_\_

Name and age of siblings: \_\_\_\_\_

**II. EMERGENCY INFORMATION**

**MEDICAL** Clinic \_\_\_\_\_ **DENTAL** Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Physician \_\_\_\_\_ Tel. \_\_\_\_\_ Tel. \_\_\_\_\_

**People Authorized to Take Child From Y.C.N.**                      **People NOT Allowed to Take Child From Y.C.N.**

Name \_\_\_\_\_ Tel. \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Tel. \_\_\_\_\_ Name \_\_\_\_\_

**Persons to be Contacted if Parents Cannot be Reached in an Emergency** **(MUST HAVE 2)**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**III. OPTIONAL INFORMATION** Family Church Preference \_\_\_\_\_

Prior Nursery School Experience \_\_\_\_\_

Parental goals for child attending this Nursery School \_\_\_\_\_

\_\_\_\_\_

**IV. PARENT'S PERMISSION:** I hereby give permission to those in charge of this nursery to act in an emergency situation when we cannot be reached, or are delayed in arriving.

Mother \_\_\_\_\_ Father \_\_\_\_\_

(Both signatures required)

01/16/09