

## Application for Admission

Date: \_\_\_\_\_

***I wish to enroll my child in the Shadyside Presbyterian Church Nursery School. I enclose a twenty-five dollar \$25, non-refundable application fee. (Checks may be made payable to SPCNS).***

\_\_\_\_\_  
 Child's Full Name

\_\_\_\_\_  Male  Female  
 Date of Birth

\_\_\_\_\_  
 Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_  
 Home Phone (if different from Cell)

\_\_\_\_\_  
 Parent/Guardian Full Name

\_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone

\_\_\_\_\_  
 Parent/Guardian Full Name

\_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone

I am applying for my child's admission in the following program:

\_\_\_\_\_  
 School Year

Are you a member of the Shadyside Presbyterian Church?

Yes

No

Is your child the sibling of an SPCNS student or graduate?

Yes

No

### Classes:

You may mark more than one class choice with preference if desired (note: all classes are a.m.)

2-year-old Monday/Wednesday

2-year-old Tuesday/Thursday

2-Year-Old (Either Session)

3-year-old Monday/Wednesday/Friday

3-year-old Tuesday/Thursday/Friday

3-year-old Tuesday/Thursday

4-year-old Monday/Wednesday/Friday

4-year-old Monday through Friday (5 days)

\_\_\_\_\_  
 Parents' Signature

\_\_\_\_\_  
 Date