

NICHOLSON SCHOOL APPLICATION FOR ENROLLMENT

Child Information:

Child's Name (Last, First, Middle):		
Preferred Name/ Nickname:	Date of Birth:	Phone:
Please Circle: Male Female		
Current Address:		ZIP Code:

Family Information:

Parent #1/ Guardian Name #1:	
Email:	
Cell Phone:	Work Phone:
Employer:	
Employer Address:	
Parent #2/ Guardian Name #2 :	
Email:	
Cell Phone:	Work Phone:
Employer:	
Employer Address:	

An application fee of \$75.00 per child is due with this form and must be submitted for processing.
 Please submit applications to The Nicholson School, Attn. Admissions, 1700 West Cortland St., Chicago, IL 60622

If admitted, would you like to receive information regarding financial aid?
 _____ Yes _____ No

Parent/ Guardian Signature _____ Date _____

Class Choices

Indicate your class selection by writing "1st Choice" "2nd Choice" in the boxes below.

2 DAY PROGRAM

3 DAY PROGRAM

5 DAY PROGRAM

Come Play with Me!

Thursday –Friday 8:30-11am	Monday-Wednesday 8:30-11:30am	Monday-Friday 8:15am-12:15pm	Thursdays (Fall 2017) 11:15am-12:00pm

Enrollment Schedule

- > **Applications** for new families are due February 26, 2018
- > **Admissions Contracts** will be emailed early March
- > **A deposit** of 25% for preschool is due with a signed contract and is non-refundable and non-transferable.
- > **Tuition Balance for 2 Day Program:** due June 1st.
- > **Tuition Balance for 3 Day / 5 Day Programs:** due June 1st and October 1st in two equal installments.

Admissions use only:
 Date Received: _____