

Westminster Nature Preschool  
94 Tindall Rd, Middletown, NJ 07748  
Phone Number: 732-671-9011  
Email: [wmpreschool@gmail.com](mailto:wmpreschool@gmail.com)

**APPLICATION FOR ADMISSION**

(Please use separate application for each child.)

Child's Name \_\_\_\_\_ Child is Called \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Neighborhood School District \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Names and Ages of Siblings \_\_\_\_\_  
Previous school experience? \_\_\_\_\_ If "yes," please specify \_\_\_\_\_  
How did you learn of our school? \_\_\_\_\_  
Why have you chosen to enroll in our school? \_\_\_\_\_  
\_\_\_\_\_

Parent Name _____	Parent Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
Occupation _____	Occupation _____
Business Name & Address _____	Business Name & Address _____
Business Phone _____	Business Phone _____

Are you a member of the Westminster Presbyterian Church? \_\_\_\_\_

List two persons 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: \_\_\_\_\_  
\_\_\_\_\_

**(please complete other side)**

**Please indicate the class for which you are applying:**

2 day 2 1/2's (Th, F) 9:15-11:15

3 half day 3's (M,T,W) 9:15-12:15

3 full day 3's (M,T,W) 9:15-2:15

2 half day 3's (Th, F) 9:15-12:15

4 half day 4's (M-Th) 9:00 -12:00

4 full day 4's (M-Th) 9:00 - 2:00

Kindergarten/Transitional Kindergarten (M-Th) 9:00 -2:00 (F) 9:00 -12:00

\*There is a sibling discount of 5% off the less expensive class.

\*Westminster Presbyterian Church members get a 10% discount and the application fee is waived.

**Hourly care is available from 8:00AM to 3:30 PM, Monday through Thursday.**

**Reservations must be made 24 hours in advance.**

With this application I grant permission for my child to use all the equipment and participate in all of 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 might be warranted for my child.

I agree to give written notice one month before withdrawing my child, and I will pay for that month if I don't give notice.

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

I am enclosing a non-refundable \$25 application fee, \$200 materials fee and a \$300 advance tuition payment. I understand that my tuition payments are due on the following schedule: June 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1 and May 1.

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

Office use: App. Fee      Materials Fee      Adv. Tuition      1<sup>st</sup> tuition      Church Y/N