

**St. Paul's Nursery School and Day Care Center|**  
 800 Church Road Oreland, PA 19075  
 215-233-4333  
**New Family Application for Admission**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex \_\_\_\_\_

Parent/ Guardian Name _____	Parent/ Guardian Name _____
Address _____	Address _____
City _____ State ____ Zip code _____	City _____ State ____ Zip code _____
Telephone _____	Telephone _____
Email _____	Email: _____
Occupation _____	Occupation _____

<b><u>Seven (7) Hour Program (9:00am – 4:00pm)</u></b> <b><u>for 18 months, 2, 3, 4, and 5 year olds:</u></b> 2 Days- _____ 3 Days- _____ 4 Days- _____ 5 Days- _____ Monday through Friday	<b><u>Additional Options: (Extra Fees Apply)</u></b> Early Drop Off (8:00am – 9:00am) - _____ Extended Pick Up (4:00pm – 5:00pm) - _____ Extra Extended Pick Up (5:00pm – 5:30pm) - _____  <i>When signed up for Options on a monthly basis, rates are discounted over incidental day rates.</i>
<b>If 2, 3, or 4 days a week, which days would be your preference?</b>	Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____
<b>If we offer a summer session, are you interested?</b> Y ____ N ____	

Does your child have a parent(s) that does not live at home? If yes, which parent \_\_\_\_\_

List all children in the family and their ages \_\_\_\_\_

Has your child had any previous group experience? \_\_\_\_\_ Where? \_\_\_\_\_

What ages are his/her playmates? \_\_\_\_\_

How is the child's appetite? \_\_\_\_\_ Any allergies? \_\_\_\_\_

Does your child have an IEP (Individual Education Plan) or ISP (Individual Service Plan) \_\_\_\_\_

Any additional information that will help us understand your child better? \_\_\_\_\_

**By my signature, I acknowledge that St. Paul's Nursery School and Day Care Center is a Christian institution and that I understand that principles of Christian prayer and faith are part of its curriculum.**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Submission of this application will put your child on our Wait List. <b>St. Paul's Nursery School's normal registration period is February – June of each calendar year.</b>
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To be completed by Office: Application Fee Paid \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_