

# Clarlen Nursery



Admissions Application

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

Two-Year-Old Program  
*(Must turn 2 years old by 9/1)*

Two Days  
Monday/Wednesday  
9:00—11:45 A.M.

Three-Year-Old Program  
*(Must turn 3 years old by 9/1)*

Two Day Option  
Tuesday/Thursday  
9:00—11:45 A.M.

**Optional Three Days for Threes**  
Two Day Option Above  
Plus Wednesday  
9:00—11:45 A.M.

Four-Year-Old Program  
*(Must turn 4 years old by 9/1)*

Three Day Option  
Monday/Wednesday/Friday  
9:00—11:45 A.M.

**Optional Five Days for Fours**  
Three Day Option Above  
Plus Tuesdays and Thursdays

## CHILD AND FAMILY INFORMATION

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Language(s): \_\_\_\_\_  
(primary) (spoken at home)

## PARENT/GUARDIAN A

Email Address: \_\_\_\_\_

Full Name: Mr./Ms./Mrs./Dr. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

[Please indicate preferred number(s) with an asterix.]

Employer: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_

## PARENT/GUARDIAN B

Email Address: \_\_\_\_\_

Full Name: Mr./Ms./Mrs./Dr. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

[Please indicate preferred number(s) with an asterix.]

Employer: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_

How did you learn about us?  Facebook  BUMC  Website  Publication  Referral/Other \_\_\_\_\_

Office Use Only:

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

Registration Fee \$175.00

Program Enrolled: \_\_\_\_\_

Credit Card  Check # \_\_\_\_\_

## WHAT SHOULD CLARLEN NURSERY KNOW ABOUT YOUR CHILD?

Applicant lives with (Guardians): \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Date of Birth:        /        /                    Age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth:        /        /                    Age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth:        /        /                    Age: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth:        /        /                    Age: \_\_\_\_\_

Parents Marital Status: \_\_\_\_\_

If parents are separated or divorced, is there joint custody? \_\_\_\_\_

If there is not joint custody, who is the custodial parent? \_\_\_\_\_

Who is financially responsible for applicant? \_\_\_\_\_

Does your child have any current health concerns or serious allergies? If yes, please give details below: \_\_\_\_\_

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Has your child ever been diagnosed with a learning difference and/or have an educational plan ( i.e. IFSP/IEP )? If yes, please give details. We ask that parents share any outside educational/psychological evaluations or testing to help us best serve your child . \_\_\_\_\_

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Are there any other individual needs that would be helpful in creating your child's learning plan? \_\_\_\_\_

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What words/phrases does your child use to indicate he/she needs to toilet? Is your child potty trained? Does your child use diapers or pull ups? \_\_\_\_\_

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

Clarlen Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Annual Update: (Initials/Date): \_\_\_\_\_ (Initials/Date): \_\_\_\_\_

Clarlen Annual Update: (Initials/Date): \_\_\_\_\_ (Initials/Date): \_\_\_\_\_

