

Clarlen Nursery

Admissions Application

School Year: _____



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

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

Three-Year-Old Program
(Must turn three 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
12:30—3:15 P.M.

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

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

Optional Five Days for Fours

Three Day Option Above plus
Tuesdays and Thursdays
12:30—3:15 P.M.

APPLICANT AND FAMILY INFORMATION

Applicant's Full Name: _____ Date of Birth: ____ / ____ / ____

Preferred Name: _____ Boy Girl

Language(s): _____ (primary) _____ (spoken at home)

PARENT/GUARDIAN A

Email Address: _____

Full Name: Mr./Ms./Mrs./Dr. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Business: _____

Employer: _____ Position/Occupation: _____

PARENT/GUARDIAN B

Email Address: _____

Full Name: Mr./Ms./Mrs./Dr. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Business: _____

Employer: _____ Position/Occupation: _____

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

Office Use Only:

Date Received: _____

Registration Fee \$150.00

Cash Check # _____

Program Enrolled: _____

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: _____

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 . _____

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

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: _____

Annual Update (Initials/Date): _____ (Initials/Date): _____ (Initials/Date): _____

