

## Application for Admission

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

***I wish to enroll my child in the Shadyside Presbyterian Church Nursery School. Non-refundable, \$50 application fee payable: ☐ Cash, ☐ Check (payable to SPCNS), or ☐ Brightwheel (applicable for returning students).***

Child's Full Name \_\_\_\_\_

\_\_\_\_\_ ☐ Male ☐ Female  
 Date of Birth

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (if different from Cell) \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please complete other side** 

I am applying for my child's admission in the following program:

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

Are you a member of the Shadyside Presbyterian Church?

☐ Yes

☐ No

Is your child the sibling of an SPCNS student or graduate?

☐ Yes

☐ No

### Classes:

You may mark more than one class choice with preference if desired (note: all classes are a.m.)

☐ 2-year-old Monday/Wednesday

☐ 2-year-old Tuesday/Thursday

☐ 2-Year-Old (Either Session)

☐ 3-year-old Monday/Wednesday/Friday

☐ 3-year-old Tuesday/Thursday/Friday

☐ 3-year-old Tuesday/Thursday

☐ 4-year-old Monday/Wednesday/Friday

☐ 4-year-old Monday through Friday (5 days)

Parents' Signature \_\_\_\_\_

\_\_\_\_\_ Date

\*\*\* Please submit as soon as possible, as enrollment is limited\*\*\*