Application for Admission

Date: _____

I wish to enroll my child in the Shadyside Presbyterian Church Nursery School. Non-refundable, $25 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***