



## APPLICATION FOR ADMISSIONS

**Child's Name** \_\_\_\_\_

First Last

Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

\_\_\_\_\_ (City, State, Zip)

Home Phone Number \_\_\_\_\_

### Child's Parent

Name \_\_\_\_\_

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

\_\_\_\_\_ (City, State, Zip)

Home Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

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

Occupation/Business \_\_\_\_\_

Work Phone Number \_\_\_\_\_

How did you hear about Columbus Pre-School? \_\_\_\_\_

Please list age(s) of sibling(s) and school(s) they attend. \_\_\_\_\_

Has your child ever been evaluated either publicly or privately? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

If yes, please describe your child's special needs. \_\_\_\_\_

*Columbus Pre-School does not discriminate applicants or students on the basis of race, color, religion, and national or ethnic origin. Columbus Pre-School reserves the right to enroll special needs children who fit appropriately into our program. Columbus Pre-School reserves the right to screen all applicants.*

**Please return to 606 Columbus Ave, NY, NY 10024 with a non-refundable \$80 Application Fee made out to Columbus Townhouse Nursery, Inc. and a recent photograph of your child**

**Parent's Name (Print)** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent's Name (Print)** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Available Programs: Please circle all of interest

2s: Tu/Th AM, M/W/F AM, T/Th PM

3s: M/W/F AM or PM, M-F AM or PM, M-F Full Day

4s/5s: M-F Full-Day (8:30-2:30), M-F PM (12:30-4:30)

January 2020 2s: T/Th AM

### Child's Parent

Name \_\_\_\_\_

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

\_\_\_\_\_ (City, State, Zip)

Home Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

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

Occupation/Business \_\_\_\_\_

Work Phone Number \_\_\_\_\_