EST. 1950 🛨
$\bigcap$
<b>CHRISTIAN</b>
NURSERY SCHOOL

Application \$60 fee (non-refunde	• •				
CHRISTIAN NURSERY SCHOOL			Child's	s Photo Here	
Child's Name					
Date of Birth Boy_	Girl				
Address					
					)
Primary Phone #					
Parent Name		Cell Pr	none #		_
Place of Business		Work Phone #			
Parent Name		Cell Phone #			
Place of Business		Work Phone #			_
Members of First Chr Must be a church member for Please indicate the scheo	r at least six mor Upon v	nths, have re verification)	egular attendand		j. 
Full Days	9am – 3pm	(M-F)	(MWF)	(T/Th)	
Morning Session	9am – 12:30p	om (M-F)	_ (MWF)	(T/Th)	
Afternoon Session	12:30 – 3pm	(M-F)	(MWF)	(T/Th)	
Early care need - 8:0	0 am – 9:00 am	Daily	Occasionally_	N/A	
After care need - 3:00	pm – 5:00 pm	Daily	Occasionally_	N/A	
first-served basis. It is our understanding a	cceptance into (	plication to be Christian Nurse	e placed on the very School.		
At the time of acceptance, there is a nor secure n In order to received priority, The children must have received in	ny child's placem application must	ent at Christia be received b	in Nursery School. by the December	prior to enrollment.	in order to
Signature of parent/guardian				Date	_
	For Off	ice Use Only			
Date Received Brightwheel			eck 10%Sib	oling 15%Church Me	ember