

BETHESDA NURSERY SCHOOL

305 St. Ronan Street
New Haven CT 06511
203-787-5439

bns@bethesdanurseryschool.org

www.bethesdanurseryschool.org

Application

Please circle days you would like to apply for: M T W Th F 3 pm extensions: M T W Th F

CHILD'S NAME _____ NICKNAME _____

BIRTHDATE _____ PRESENT AGE _____ SEX _____

ADDRESS _____ PHONE _____
Street Town Zip

PARENT'S NAME _____ BIRTHPLACE _____

Email address _____ Cell phone _____
Occupation _____ Bus. Phone _____
Business Address _____

PARENT'S NAME _____ BIRTHPLACE _____

Email address _____ Cell phone _____
Occupation _____ Bus. Phone _____
Business Address _____

SIBLINGS (Names and ages) _____

General Information

(Please use the back if you need more room)

How did you learn about BNS? _____

Have there been any recent changes in your family situation?

Birth of a sibling _____ Recent move _____
Death in the family _____ Divorce/separation _____

Child's previous group experiences, if any (name of program or place, date of attendance)

Permission is given for Bethesda Nursery School to consult the staff of my child's previous group or his or her caregiver.

A limited amount of financial aid is available. If you would like a financial aid application, please check here _____

BNS admits students without regard to physical disability, handicap or sex, of any race, color, national and ethnic origin. It does not discriminate on the basis of race, color, national and ethnic origin, physical disability or handicap, or sexual orientation in the administration of its educational policies, admissions policies, scholarship and other school-administered programs, or in its hiring of staff.

Signature _____ Date _____

Your signature indicates you are legally responsible for the care and well-being of this child