

# Bethesda Nursery School

305 St. Ronan Street  
New Haven, Connecticut 06511

## SUMMERSCHOOL APPLICATION

Week 1 – M T W Th F 1pm (please circle)	M T W Th F 3pm (Please Circle)
Week 2 – M T W Th F 1pm (please circle)	M T W Th F 3pm (Please Circle)
Week 3 – M T W Th F 1pm (please circle)	M T W Th F 3pm (Please Circle)
Week 4 – M T W Th F 1pm (please circle)	M T W Th F 3pm (Please Circle)
Week 5 – M T W Th F 1pm (please circle)	M T W Th F 3pm (Please Circle)
Week 6 – M T W Th F 1pm (please circle)	M T W Th F 3pm (Please Circle)

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PRESENT AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Street Town Zip

PARENT'S NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIBLINGS (Names & ages) \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

### GENERAL INFORMATION

How did you learn about BNS? \_\_\_\_\_

Have there been any recent changes in your family situation?

birth of sibling _____	recent move _____
death in family _____	divorce/separation _____
death of pet _____	new babysitter _____

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

\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_ Signature \_\_\_\_\_