

**St. John's Nursery School
4 Fountain Square
Larchmont, New York 10538
914 833-2870**

Date of application form _____ Parishioner Yes____ No____
Sibling of former pupil Yes____ No____

ST. JOHN'S NURSERY SCHOOL APPLICATION FORM: 2'S PROGRAM

Child's full name _____ Sex _____

Child's nickname _____ Child's birthdate _____

Father's name _____ Mother's name _____

Home address _____

Telephone # _____ Cell # _____ Email _____

Please number your order of preference:

_____ 2 year olds 3 mornings (9-11:30)
Mon./Wed./Fri.

_____ 2 year olds 2 mornings (9-11:30)
Tues./Thurs.

Does your child have any physical or emotional disabilities which might affect his/her normal participation in class? No _____ Yes _____ If so, please explain on the reverse side.

Signature of parent _____

Please return this application with a \$75.00 application fee to: St. John's Nursery School
4 Fountain Square
Larchmont, N. Y. 10538

It is understood that this application is not binding upon the school or the applicant. Applicants will be notified by December 15. Ten openings in each of the two year old sections will be filled by receipt of applications in the following order: Children with siblings currently enrolled, children of parishioners in good standing (which means regular attendance and regular contributions of support), siblings of former students, and new applicants. Priority will be given to parishioners and siblings until November 30 of the preceding year. A non refundable deposit of \$500 to be applied to the first term's tuition will be required upon notification of acceptance.