

Clarlen Nursery

Admissions Application

School Year _____

Two-Year-Old Program
(Must turn 2 years old by 9/1)

Two Mornings
TBD
9:00—11:45 A.M.

Three-Year-Old Program
(Must turn 3 years old by 9/1)

Two Morning Option
Tuesday/Thursday
9:00—11:45 A.M.
 Optional Third Morning for 3s
contingent on interest
TBD
9:00—11:45 A.M.

Four-Year-Old Program
(Must turn 4 years old by 9/1)

Three Morning Option
Monday/Wednesday/Friday
9:00—11:45 A.M.
 Five Morning Option
Three Mornings Option Above
Plus Tuesdays and Thursdays
starting mid-September

Ask about options to extend the day to 1pm for those in the 3s & 4s classes.

CHILD AND FAMILY INFORMATION

Child's Full Name: _____ Date of Birth: ___/___/___ Gender: _____

Preferred Name: _____ Language(s): _____
(primary) (spoken at home)

Home Address: _____

City: _____ State: _____ Zip: _____

Please indicate which parent/guardian will be the primary contact, and at which number.

PARENT/GUARDIAN A

Email Address: _____

Full Name: Mr./Ms./Mrs./Dr. _____ Mobile #: _____

Work: _____ Landline: _____ [Please indicate preferred number(s) with an asterix.]

Employer: _____ Position/Occupation: _____

To foster community among our Clarlen families, we collate a directory that we share with the enrolled families. If there is info you'd rather not share, please let us know. _____

PARENT/GUARDIAN B

Email Address: _____

Full Name: Mr./Ms./Mrs./Dr. _____ Mobile #: _____

Work: _____ Landline: _____ [Please indicate preferred number(s) with an asterix.]

Employer: _____ Position/Occupation: _____

Home Address if different from child: _____

City: _____ State: _____ Zip: _____

How did you learn about us?

Facebook BUMC Website Publication Referral/Other _____

Office Use Only

Registration Fee \$175.00:

Credit Card Check # _____ Cash

Date Received: _____

Notes: _____

WHAT SHOULD CLARLEN NURSERY KNOW ABOUT YOUR CHILD?

Siblings:

Name: _____ Date of Birth: / / Age: _____

Name: _____ Date of Birth: / / Age: _____

Name: _____ Date of Birth: / / Age: _____

Name: _____ Date of Birth: / / Age: _____

Parents Marital Status: _____

If parents are separated or divorced, is there joint custody? _____

If there is not joint custody, who is the custodial parent? _____

Who is financially responsible for applicant? _____

Does your child have any current health concerns or serious allergies? If yes, please give details below:

Has your child ever been diagnosed with a learning difference and/or have an educational plan (i.e. IFSP/ IEP)? If yes, please give details. We ask that parents share any outside educational/psychological evaluations or testing to help us best serve your child. _____

Are there any other individual needs that would be helpful in creating your child's learning plan? _____

Is your child potty trained? **Y/N**

Does your child use diapers or pull ups? **Y/N**

What words/phrases does your child use to indicate he/she needs to toilet? _____

At Clarlen Nursery, enrollment is offered on a yearly basis. Once your child joins the program, tuition is required for the entire academic year; ask about our payment plans. Please note that we do not offer month-to-month care. Thank you for your understanding.

Parent Signature: _____ Date: _____

Clarlen Reviewer _____ Date: _____

Parent Annual Update: (Initials/Date): _____ (Initials/Date): _____

Clarlen Annual Update: (Initials/Date): _____ (Initials/Date): _____

