

St. Charles Avenue Presbyterian Church
Nursery School
1545 State St.
New Orleans, LA 70118

Application for September 20____

Member of St. Charles Ave. Presb.?

CLASS:

2 year old program:

Three Days a Week (M/W/F) _____

Five Days a Week (M-F) _____

3 and 4 year old program:

Five Days a Week (M-F)_____

Child's full name: _____ Name called _____

Date of Birth: _____ Male____ Female____ Religion _____

Address: _____

Street City State Zip Code

Parent 1: _____ Phone: _____

Email: _____

Parent 2: _____ Phone: _____

Email: _____

OTHER CHILDREN IN FAMILY :

NAME _____ D.O.B. _____

NAME _____ D.O.B. _____

NAME _____ D.O.B. _____

Is the child in vigorous health? _____ If not, state disability _____

IN CASE OF EMERGENCY, IF NO ONE IS AT HOME:

Call _____ Relationship and Phone _____

Child's Doctor _____ Telephone _____

I hereby authorize the St.Charles Avenue Presbyterian Church Nursery School to:

1. Care for my child during the time he/she is at Nursery School
2. Secure emergency medical care for my child in case of inability to reach me.

DATE _____ PARENT SIGNATURE _____

A non-refundable fee must accompany this application for it to be processed. The fee is \$35.00 for new applicants and \$20.00 for currently enrolled children who are reapplying. Please return the completed form to the address above. Make checks payable to S.C.A.P.C. Nursery School.

Date Received _____ Amount Received _____ Check Number _____