

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

Application for September 20 \_\_\_\_\_

Member of SCAPC? Y N

**2-year-old Program:**

3-day Class (M/W/F) \_\_\_\_\_

5-day Class (M-F) \_\_\_\_\_

**3- and 4-year-old Program:**

5-day Class (M-F) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Name Called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

*Street City State Zip Code*

Parent 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Children in Family**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Has your child been diagnosed with any physical, developmental or psychological condition? Y N

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

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

*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 and make checks payable to SCAPCNS.*

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