

**NORTH SALEM NURSERY SCHOOL**  
**P.O. Box 147, 296 Titicus Road**  
**North Salem, New York 10560**  
**914-669-8911**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

Parent(s) Name(s) \_\_\_\_\_

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

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ School District \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency telephone number of neighbor or nearby relative in case of emergency when home phone cannot be reached: Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's (previous) Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's (previous) Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Other children in family and date of birth \_\_\_\_\_

Have siblings attended North Salem Nursery School? \_\_\_\_\_

**Information we should know:**

Major illnesses or problems \_\_\_\_\_

Allergies ( bee stings, food, etc.) \_\_\_\_\_

Has your child had any previous group experience? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Please note any special characteristics or interests your child has which might be important to us:

Is there any particular goal which you would like your child to achieve at nursery school?

Have you any special talents or interests to share with us. Do you play a musical instrument or have a hobby which would enrich the children's experience? \_\_\_\_\_

(OVER)

Please check the program you would like your child to attend during the 2018-2019 school year.

**THREE YEAR OLDS**

**Mornings – 8:45 – 11:30**

**2 days (Tues.,Thurs.) \_\_\_\_\_**

**3 days (Tues.,Wed.,Thurs.) \_\_\_\_\_**

**Afternoons – 12:00 – 2:45**

**2 days (Tues., Thurs.) \_\_\_\_\_**

**3 days (Tues., Wed., Thurs.)\_\_\_\_\_**

**FOUR YEAR OLDS**

**Mornings – 8:45 – 11:30**

**3 days (Mon.,Wed.,Fri.) \_\_\_\_\_**

**4 days (Mon., Wed., Fri., and  
Tues. or Thurs.) \_\_\_\_\_**

**5 days (Mon. – Fri.) \_\_\_\_\_**

**Afternoons – 12:00 – 2:45**

**3 days (Tues., Wed., Thurs.)\_\_\_\_\_**

**Enclosed with my application is a \$150.00 nonrefundable registration fee. I understand that this registration fee reserves a spot for my child at the North Salem Nursery School for the 2017-2018 school year. This fee will only be refunded in the event that the nursery school does not have a spot for my child.**

**Signature\_\_\_\_\_Date\_\_\_\_\_**

**Return application with registration fee to:  
North Salem Nursery School, P.O. Box 147, North Salem, New York 10560**

**For more information, call (914) 669-8911, or email us at nsns1968@gmail.com.**