**

**APPLICATION FOR ADMISSION**

Please complete and return this form **by mail** along with the $40.00 ***non-refundable*** application fee to:

Garrett Park Nursery School

P.O. Box 314

Garrett Park, MD 20896

 Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M\_\_\_F\_\_\_

 Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate whether you are applying for the current year (2018-2019) or next year.

 The child **must** be the appropriate age for the class by September 1 of the school year.

 \_\_\_\_ 2018-2019 (Current Year)

 \_\_\_\_ 2019-2020 (Next school year)

 \_\_\_ 2 Year Old Program Tuesday & Thursday 9:15 am to 11:45am

 \_\_\_ 3 Year Old Program Monday, Wednesday, Friday 9:15 am to 11:45am

 \_\_\_ 4 Year Old Program Monday – Friday 9:15 am to 11:45am

Has any member of your immediate family been in the school before?

 \_\_\_ NO

 \_\_\_ YES If yes, relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School year last enrolled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We do not discriminate on the basis of race, religion or place of natural origin.*

*GPNS requires current immunizations for every child enrolled in the school.*