



# Garrett Park Nursery School

## 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 school year (2019-2020) or next school year.  
The child **must** be the appropriate age for the class by September 1 of the school year.

- \_\_\_ 2019-2020 (Current Year)
- \_\_\_ 2020-2021 (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: \_\_\_\_\_