



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: _____

Date of Birth _____ Home Phone _____

Home Address _____

Email Address(es) _____

Parent's Name _____ Work/Cell Phone _____

Parent's Name _____ Work/Cell Phone _____

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

____ 2021-2022 (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.*