



YORKTOWN COMMUNITY NURSERY SCHOOL

P.O. Box 1146, 247 Veterans Road, Yorktown Heights, NY 10598

Phone: (914) 962-7868 Fax: (914) 962-1349

www.yorktown-cns.org

APPLICATION FORM

Child's Name _____

Sex _____ Birth date _____

Address _____

Phone _____ e-mail _____

Father's Name _____ Occupation _____

Employer _____

Address _____ Phone _____

Mother's Name _____ Occupation _____

Employer _____

Address _____ Phone _____

Please check: Currently have a child enrolled _____; Alumni _____

PROGRAM REQUESTED

4 Year Old – 5 Day Program (M-F) _____ AM

4 Year Old – 4 Day Program (M-TH) _____ PM

3 Year Old – 3 Day Program (M,T,TH) _____ AM

3 Year Old – 3 Day Program (M,T,TH) _____ PM

Toddlers – 2 Day Program _____ early AM _____ late AM

Enrollment policy states classes will be mixed when enrollment does not exceed 18 total students in either the jr am and sr am classes or the jr pm and sr pm classes. We will continue to accept applications on a wait list basis and when the total number of students enrolled is at least 22, we will split the session into two classes. No individual class will run with less than 5 students.

(over)

To enable our teachers to best meet the needs of your child, please provide the following information:

What questions or concerns do you have about any area of your child's development? Please describe:

Have you ever thought of having your child tested in any area of development, or has your child ever been tested? Please elaborate:

Has your child ever received or is your child now receiving any special services or help of any kind? Please describe:

Name _____ **Date** _____

Please fill out and return this application form with your **non-refundable application fee-- \$60 for currently enrolled families; \$75 for returning families (alumni) and new families.** Make checks out to YCNS, and mail to:

**YCNS
P.O. BOX 1146
Yorktown Heights, NY 10598**

Thank you!