



YORKTOWN COMMUNITY NURSERY SCHOOL

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

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

www.ycns.org

APPLICATION FORM

Child's Name _____

Sex _____ Birth date _____

Address _____

Parent/guardian name _____

Email _____ Phone _____

Parent/Guardian name _____

Email _____ Phone _____

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

PROGRAM REQUESTED

____ Toddler – **2-year-old, 2 Day** (Wed and Fri, 9-11am)

____ Junior - **3-year-old, 3 Day** (Mon, Tues & Thurs, 9-11:45am)

____ Senior – **3&4-year-old – 5 Day** (Monday thru Friday, 9-11:45am)

* must be potty trained for admission in the Senior class

(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 of \$100 for new applicants**. Make checks out to Yorktown Community Nursery School, and mail to:

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

Thank you!