



Neighborhood House
nursery school

12 Taylor Street Millburn NJ 07041
tel. 973-376-0739 fax. 973-376-2893
www.neighborhoodhousenursery.org

Neighborhood Association of Millburn Township
Providing community service since 1894

NURSERY SCHOOL APPLICATION 2020-2021
(Please fill out 1 form per child. Note: Application fee of \$60 is per family.)

DATE: _____

Children entering the 2-½ year old program must be 2 ½ by October 1, 2020 or 2 ½ by January 1, 2021.

CHILD'S NAME _____ BIRTHDATE _____

HOME ADDRESS _____ PHONE _____

_____ SEX M _____ F _____

Parent/Guardian #1 Information:

Parent/Guardian #2 Information:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Occupation: _____ Occupation: _____

Work phone: _____ Work phone: _____

Cell Phone: _____ Cell phone: _____

Email: _____ Email: _____

MARITAL STATUS Married ___ Single ___ Divorced ___ Separated ___ Other ___

SIBLINGS- Names, Ages, Schools (if applicable)

EMERGENCY CONTACTS (Must be within 15 minute travel distance to school):

Name	Relationship	Phone #
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1. _____

2. _____

PEDIATRICIAN _____ **PHONE** _____

Does your child suffer from **allergies/ illnesses** of which the school must be aware?

(Note: Please fill out the other side of this form).

CHECK THE PROGRAM YOU WISH: Please indicate your 1st, 2nd and 3rd choices. Specify desired days. If you have more than two options of days you prefer, then please write in the margin.

____ 5- Day Morning (8:30am -12:00 noon)
 ____ 5- Day Afternoon (1:00pm - 3:30pm)
 ____ 5- Day Full Day (8:30am - 3:30pm)

____ 4- Day Morning (8:30am - 12:00 noon) ____ M ____ T ____ W ____ R ____ F
 ____ 4- Day Morning (8:30am - 12:00 noon) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 4- Day Afternoon (1:00pm - 3:30pm) ____ M ____ T ____ W ____ R ____ F
 ____ 4- Day Afternoon (1:00pm - 3:30pm) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 4- Day Full Day (8:30am - 3:30pm) ____ M ____ T ____ W ____ R ____ F
 ____ 4- Day Full Day (8:30am - 3:30pm) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 3- Day Morning (8:30am - 12:00 noon) ____ M ____ T ____ W ____ R ____ F
 ____ 3- Day Morning (8:30am - 12:00 noon) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 3- Day Afternoon (1:00pm - 3:30pm) ____ M ____ T ____ W ____ R ____ F
 ____ 3- Day Afternoon (1:00pm - 3:30pm) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 3- Day Full Day (8:30am - 3:30pm) ____ M ____ T ____ W ____ R ____ F
 ____ 3- Day Full Day (8:30am - 3:30pm) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 2- Day Morning (8:30am - 12:00 noon) ____ M ____ T ____ W ____ R ____ F
 ____ 2- Day Morning (8:30am - 12:00 noon) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 2- Day Afternoon (1:00pm – 3:30pm) ____ M ____ T ____ W ____ R ____ F
 ____ 2- Day Afternoon (1:00pm – 3:30pm) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 2- Day Full Day (8:30am - 3:30pm) ____ M ____ T ____ W ____ R ____ F
 ____ 2- Day Full Day (8:30am - 3:30pm) ____ M ____ T ____ W ____ R ____ F (2nd Choice on Days)

____ 2- Day PM for 2 1/2 year olds (1:00pm - 3:30pm) ____ T/R

Note: This program requires a minimum of 5 children. Otherwise, 2 1/2s will be accepted on a case by case basis into the 3-4 afternoon program. Please see the Director to discuss.

____ Lunch/ Please specify days: ____ M ____ T ____ W ____ R ____ F

Note: There is an additional fee of \$10/day for lunch unless your child stays all day.

Note: If the schedule you need is not listed above, please indicate your needs below and contact the Director to discuss.

____ OTHER ____ M ____ T ____ W ____ R ____ F (AM)

____ OTHER ____ M ____ T ____ W ____ R ____ F (PM)

PLEASE ENCLOSE A \$60 APPLICATION FEE WITH THIS FORM.

The application fee is *per family, not per child*. Please make checks payable to “Neighborhood House”. Once your child is placed into the program, you will receive a confirmation letter. At that time, you are required to make a 20% non-refundable deposit of your child’s annual tuition.

Signature of Parent(s) or Guardian(s) _____