



ENROLLMENT APPLICATION

St. Andrew's Nursery School and Kindergarten

327 Marlton Pike West, Cherry Hill, NJ 08002

Phone (856) 429-4470 Fax (856) 427-0383

www.staNurserySchool.com standrewsnsk@verizon.net

Mrs. Megan Falcone, Director

Date of application _____

Child's full name _____ Birthdate _____ Gender _____

Child's name to be used by teacher (if different) _____

Address _____ Home Telephone _____

Name of Parent/Guardian 1 _____ Cell phone _____

Email _____ Occupation _____

Business Name & Address _____ Business phone _____

Name of Parent/Guardian 2 _____ Cell phone _____

Email _____ Occupation _____

Business Name & Address _____ Business phone _____

Marital Status of Parents _____ Custody/Visiting Arrangements _____

If child is adopted, list age at adoption _____ Is child aware of adoption? _____

List siblings and their ages _____

Are there other members of the family living in the home? If so, list name & relationship _____

Child's physician _____ Phone _____

Does your child have any special medical, physical or emotional needs? _____

Is your child consistently on any medication? _____ Problems with vision or hearing? _____

Allergies or Asthma? _____ Restrictions? _____ Triggers? _____

Extent of Reaction _____ Does your child have an epi-pen? _____

In case of emergency, when parents cannot be reached, list two local numbers:

Name and relationship _____ Telephone _____

Name and relationship _____ Telephone _____

I authorize the staff of St. Andrew's Nursery School and Kindergarten to arrange for the transportation of my child to a hospital and to seek emergency medical care if necessary. Initial _____

I understand that the registration fee and the first tuition payment/deposit are non-refundable. I further understand that if I withdraw my child from the program, the remaining tuition is refundable if the vacancy can be filled. No new children are admitted in the school after March 1st. Initial _____

Photos are displayed throughout the hallways of the school, posted on our website, Facebook page or sent to local newspapers. I give permission for my child's photo to be used without name – YES NO (please circle one)

Signature _____

Would you be interested in substituting in our classes? _____ (Teaching certificate not required)

Are you certified as a teacher? _____ If so, in what area? _____

(Please complete the reverse side of this form ►)

Does your child have any special fears or phobias? _____

Do you have any concerns about any aspect of your child's development? _____

Has your child had any type of early intervention or testing? _____ When/Where? _____

Is your child fully toilet trained? _____ At what age? _____ Can your child care for him/herself in bathroom? _____

Does your child nap? _____ if so, for how long? _____

What time does your child wake up in the morning? _____ a.m. Go to bed at night? _____ p.m.

Did Mother have a normal, full term pregnancy? _____ If not, please explain _____

Were there any complications at birth? _____ If so, please explain _____

Age at which your child: Crawled on hands & knees _____ Sat alone _____ Walked _____

Spoke in complete sentences _____ Slept through the night _____ Named simple objects _____

Do you feel your child's speech is clear? _____ Can strangers understand your child when he/she speaks? _____

How do you hope Nursery School will help your child? **Please circle those which apply:**

Fine Motor	Gross Motor	Socialization Skills	Intellectual Development
Following Directions	General Maturation	Kindergarten Readiness	Other: _____

What are your child's favorite activities? Indoor? _____ Outdoor? _____

Does your child play well alone? _____ In groups? _____ Are there playmates for your child? _____ Age Range? _____

What is the method of behavior control used in your home? _____

Has your child ever had a babysitter other than extended family? _____

How often do you eat meals together as a family? _____ Does your child sit down and eat at the table? _____

Has your child gone to preschool or daycare before? _____ Where? _____

When? _____ Was it a positive experience? _____ If not, please explain _____

What language other than English is spoken in the home? _____ To what extent? _____

Religious Affiliation (optional): _____

Please circle those below that describe your child:

Happy	Aggressive	Friendly	Moody	Clumsy	Dependent	Stubborn
Impulsive	Fearful	Quiet	Good-Natured	Even-tempered	Attentive	Sympathetic
Shy	Sleepy	Independent	Active	Very Active	_____	_____

Is there any further information (separation, divorce, re-marriage, etc.) which will enable us to better help your child?

