

School Year: 2024 - 2025

For Office Use Only:

Date Received: \_\_\_\_\_

Class Placement: \_\_\_\_\_

Check #: \_\_\_\_\_ Amt: \_\_\_\_\_

Wait List #: \_\_\_\_\_



**FIRST PRESBYTERIAN CHURCH NURSERY SCHOOL  
REGISTRATION FORM  
(NEW STUDENT)**

**(Please provide \* information as you would like it to appear in the school-wide directory & print CLEARLY)**

\*Child's Name: \_\_\_\_\_ \*  
Last First Nickname

\*Address: \_\_\_\_\_  
Street Town Zip

Child's Gender \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Start of Term \_\_\_\_yrs \_\_\_\_mos.

**Active** member of First Presbyterian Church? \_\_\_\_ Yes \_\_\_\_ No

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell and/or Home Phone: \_\_\_\_\_

Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell and/or Home Phone: \_\_\_\_\_

Work #: \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ \*Primary Email: \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_ Telephone \_\_\_\_\_

Child's previous school/group experience (name of school and period attended)

\_\_\_\_\_

Is your child currently enrolled in a preschool? \_\_\_\_ Name of School \_\_\_\_\_

Names, ages and schools of brothers or sisters

\_\_\_\_\_

Has your child received any early intervention or special education services? \_\_\_\_\_

If yes, please list all therapies your child has received.

\_\_\_\_\_

How did you hear about First Presbyterian Church Nursery School?

\_\_\_\_\_

\_\_\_\_\_

**Class Selection: please select your program choice.**

**TWO's:** (2 ½ years by September 1<sup>st</sup>)

**3 Half Days:** M/W/F 9 – 11:30am

(2 ½ years by January 1<sup>st</sup>) - Beginning January

**2 Half Days:** T/TH 9 – 11:30am

**THREE's:** (3 years by October 1<sup>st</sup>) select one

**3 Half Days:** M/W/F 9 – 11:30am

**5 Half Days:** M/T/W/TH/F 9 – 11:30am

**3 Full Days:** M/W/F 9 – 2:00pm

**3 Full / 2 Half Day Combination:** M/W/F 9 – 2:00pm **and** T/TH 9 – 11:30am

**FOUR's:** (4 years by October 1<sup>st</sup>) select one

**5 Half Days:** M/T/W/TH/F 9 – 11:30am

**5 Full Days:** M/T/W/TH/F 9 – 2:00pm

I wish to enroll my child in First Pres. Nursery School. **In order to secure my child's placement for the 2024-2025 school year, I am attaching *both* my application fee of \$90.00, which I understand is non-refundable, and September's Tuition (as outlined on the 24/25 Tuition Rates sheet as 'Registration – Sept. Tuition')** Payment can be made in one check. September tuition, only, is refundable for withdrawals received by **Thursday February 22, 2024.**

Checks are to be made payable to:  
**First Presbyterian Church Nursery School**

Enrollment and final class offerings are determined after the Open Houses, as space allows, and enrollment numbers allow. Staff assignments are subject to change and class cancellations may occur. When a class is full, a wait list will be established.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Return applications to:**

**First Presbyterian Church Nursery School**

Julia A. Bolt, Director  
722 E. Ridgewood Ave.  
Ridgewood, NJ 07450  
(201) 445-2552  
[director@fpnsr.com](mailto:director@fpnsr.com)