



Cherry Hill Nursery School Application

Student Name: Birth date: / /
(Last) (First) (Middle) (Nickname)

School year: 20 - 20 Class Preference: 5s (M-F) 4s (M-F) 4s (M-Th) 3s (M/W/F) 2s (Tu/Th)

Please note if your child has siblings who have attended, currently are attending Cherry Hill Nursery School or if you or your spouse are alumni:

Please note the name(s) and ages for other "under 5" siblings at home:

Father's Name: Mother's Name:

Address:

City: State: Zip:

Home Phone: () - Cell Phone #: () -

Father's Work Phone: () - Mother's Work Phone: () -

Email Address:

Please describe any nursery school experience your child has had (i.e. place, number days/week):

Explain any special needs your child may have:

How did you hear about Cherry Hill Nursery School?

Does your child require an IEP? Yes No

Please return this application along with your non-refundable \$25 application fee to:

Cherry Hill Nursery School
Attention: Registrar
50 Cherry Hill Road
Princeton, NJ 08540

Or email this form to:
registrar@cherryhillnurseryschool.org

Registration Policy

Priority registration is given to children currently enrolled in the school, siblings of currently or previously enrolled children, and children of teachers. We will then fill the remaining spots with new applicants based on the date the application form is received. After a class is filled to capacity, we will begin a wait list, also based on the date the application form is received.