



Cherry Hill Nursery School Application for Admission 2018-2019 School Year

Student Name:
(Last) (First) (Middle) (Nickname)

Birth date: / / 2018-2019 Class: 5K 4K 3s 2s

Please note if your child has siblings who have attended or are attending Cherry Hill Nursery School or if you or your spouse are alumni or current or former staff members:

Please note the name(s) and dates-of-birth 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?

Financial assistance may be available.

Please check here if you would like information.

Does your child require an IEP? Yes No

Please return this application along with your non-refundable \$25 (\$10 for Mommy & Me) Application Fee to:

Cherry Hill Nursery School

Attention: Registrar

50 Cherry Hill Road

Princeton, NJ 08540

CLIP AND SAVE FOR YOUR RECORDS

DATE MAILED _____

1. Your position on the waiting list is determined by the order in which you contacted the Registrar's line to request this application.
2. To secure your position on the wait list, this form must be returned to the Registrar as soon as possible, along with your \$25.00 Application Fee.
3. You are also responsible for advising the Registrar if you move at any time while on the waiting list. This can be done by emailing the Registrar at registrar@cherryhillnurseryschool.org or by leaving a message for the Registrar at 609/921-0489