



Cherry Hill Nursery School Application for Admission 2019-2020 School Year

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

Birth date: / / 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 (\$10 for 2s) application fee to:

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

Or email this form to:
registrar@cherryhillnurseryschool.org

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. Please let us know if at any time you would like to be taken off 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