

Application For Admission

Washington University Nursery School Application for Admission

If you are human, leave this field blank.

Today's Date *

Child's Name *

First & Last Name

Child's Date of Birth *

Gender *

☐ Female

☐ Male

Child's Home Address *

Child's Home Address

Street Address

Street Address

Address Line 2

Address Line 2

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country

Country

Email *

Phone

Parent/Guardian *

First & Last Name

Relationship to Child *

Position and Occupation

Employed By

Phone

Parent/Guardian

First & Last Name

Relationship to Child

Position and Occupation

Employed By

Phone

Please give name and affiliation of anyone in the child's immediate family who has a current affiliation with Washington University.

Is anyone in the child's immediate family an alumna/us of Washington University?

- ☐ Yes
☐ No

Who?

Does the child have a sibling who attended the nursery school before? Please list name(s) and dates attended.

People in the household?

- ☐ Father
☐ Mother
☐ Siblings
☐ Other

Languages spoken in the home?

Does the child have any special needs? What services is he/she receiving?

Please check your preference *

- ☐ A.M. Session (9:00 am to 11:45 am)
☐ P.M. Session (12:30 pm to 3:15 pm)
☐ All-Day (9:00 am to 3:15 pm)

For the school year *

Where did you hear about our school?

-----For Office Use Only-----

Processing Fee _____

Acceptance Forwarded _____

Tuition Deposit Rec'd _____