

Paoli Methodist Nursery School
81 Devon Road
Paoli, PA 19301
WEE ONE'S CLUB / Spring 2019

1. NAME OF CHILD _____ Sex: M _____ F _____
2. Rank class times in order of preference (#1-4):
_____ Tuesdays 9am – 10:15am _____ Wednesdays 9am – 10:15am
_____ Tuesdays 10:30am – 11:45am _____ Wednesdays 10:30am – 11:45am
3. The name you want your child to recognize and be called _____
4. Birth date: Month _____ Day _____ Year _____
5. Age child will be on the first day of class: Years _____ Months _____
6. Address _____
 No. Street City Township Zip Code
7. Email _____
8. Father's Name _____ Phone _____
9. Mother's Name _____ Phone _____
10. Who will attend with your child? _____
11. Other children in family: (names and ages) _____
12. List any allergies _____
13. Describe any developmental issues requiring special attention _____

14. How did you hear about our school? _____
- PARENT'S SIGNATURE** _____ **DATE** _____

*Attach a tuition fee of \$200.00 and return to school. (Checks payable to PMNS)
PLEASE NOTE: Application cannot be accepted unless fee is attached. **Tuition payments are NOT refundable** unless your choice of class becomes unavailable.

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FOR OFFICE USE ONLY

Date Application Received _____

Payment Received: Amount \$ _____

Check # _____