Paoli Methodist Nursery School
81 Devon Road
Paoli, PA 19301
WEE ONE'S CLUB / Spring 2026

1. NAME OF CHILD _____ Sex: M_____ F_____

2. Class Time: Monday 9am – 10:15am _____
Please rank your choices #1, #2, #3 Wednesday 9am – 10:15am _____
Friday 9am – 10:15am _____

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 $275.00 and return to school. (Checks payable to PMNS)
PLEASE NOTE: Application cannot be accepted unless fee is attached. **Tuition payments are NOT refundable**.

FOR OFFICE USE ONLY

Date Application Received _____

Payment Received: Amount $_____ Check # _____