



**The Medical Center Nursery School**

**APPLICATION FOR ADMISSION**

**APPLICANT**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(first) (middle) (last) (month) (day) (year)

ADDRESS: \_\_\_\_\_  
(number and street) (apartment number) (city) (state) (zip code)

TELEPHONE: \_(\_\_\_\_\_)\_\_\_\_\_

FEMALE

MALE

Child's previous school or group experience:

Name of school or program: \_\_\_\_\_

Hour per day or week: \_\_\_\_\_

Length of Attendance: \_\_\_\_\_

**FAMILY**

PARENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Telephone: \_(\_\_\_\_\_)\_\_\_\_\_

Telephone: \_(\_\_\_\_\_)\_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_(\_\_\_\_\_)\_\_\_\_\_

Business Telephone: \_(\_\_\_\_\_)\_\_\_\_\_

OTHER CHILDREN IN THE FAMILY (not including the applicant):

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

OTHER PERSONS LIVING IN THE HOUSEHOLD (not including the applicant and immediate family members listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

PLEASE CONTINUE ON THE OTHER SIDE.

**COLUMBIA AFFILIATION**

IS A PARENT A CURRENT COLUMBIA UNIVERSITY STUDENT?

YES  NO

If yes, who? \_\_\_\_\_

IS A PARENT A CURRENT COLUMBIA UNIVERSITY STAFF MEMBER/EMPLOYEE?

YES  NO

If yes, who and what is(are) the position(s)/title(s)? 1) \_\_\_\_\_

2) \_\_\_\_\_

**PROGRAMS**

PLEASE CHECK YOUR PREFERENCE OF PROGRAMS OFFERED:

ACADEMIC YEAR:  Half Day  Full Day

SUMMER:  Half Day  Full Day

Please note that, for the Academic Year, the school cannot offer a choice between morning or afternoon half day.

**TUITION REDUCTION**

DO YOU WISH TO APPLY FOR TUITION REDUCTION?

YES  NO

Please note that completed Tuition Reduction Applications must be submitted by February 1<sup>st</sup> of the year prior to enrollment.

**MISCELLANEOUS COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Medical Center Nursery School admits students of any race, religion, ethnic background, or sex to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, ethnic background, or sex in the administration of its educational policies, admissions policies, financial aid programs, and other programs administered by the school.

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Fee received: \_\_\_\_\_ Date of school visit: \_\_\_\_\_