



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: _____ Title: _____

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.

AFFILIATION

IS A PARENT AFFILIATED WITH COLUMBIA UNIVERSITY? YES NO

If yes, who, and what is the nature of the affiliation? _____

IS A PARENT AFFILIATED WITH OTHER DIVISIONS OF THE MEDICAL CENTER? YES NO

If yes, who, and what is the nature of the affiliation? _____

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 1st 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: _____