

St. Charles Avenue Presbyterian Church
Nursery School
1545 State St.
N.O., La 70118

Application for September 20_____ Member of St. Charles Ave. Presb.? Y N

CLASS: Two Days a Week (T/TH) _____
Three Days a Week (M/W/F) _____
Five Days a Week (M-F) _____

CHILD'S FULL NAME _____ Name called _____

DATE OF BIRTH / / / ___ Male Female

ADDRESS _____

Street City State Zip Code

TELEPHONE _____

Mother's Name:(Mrs/ Ms. / Dr.) _____ Cell Phone _____

Address (if different from Child's) _____

Father's Name: (Mr. / Dr.) _____ Cell Phone _____

Address (if different from Child's) _____

OTHER CHILDREN IN FAMILY :

NAME _____ D.O.B. / / / ___

NAME _____ D.O.B. / / / ___

NAME _____ D.O.B. / / / ___

Is the child in vigorous health? _____ If not, state disability _____

IN CASE OF EMERGENCY, IF NO ONE IS AT HOME:

Call _____ Relationship and Phone _____

Child's Doctor _____ Telephone _____

I hereby authorize the St.Charles Avenue Presbyterian Church Nursery School to:

1. Care for my child during the time he/she is at Nursery School
2. Secure emergency medical care for my child in case of inability to reach me.

DATE _____ PARENT SIGNATURE _____

A non-refundable fee must accompany this application for it to be processed. The fee is \$35.00 for new applicants and \$20.00 for currently enrolled children who are reapplying. Please return the completed form to the address above. Make checks payable to S.C.A.P.C. Nursery School.

Office Use Only

Date Received _____ Amount Received _____ Check Number _____