



# YORKTOWN COMMUNITY NURSERY SCHOOL

P.O. Box 1146, 247 Veterans Road, Yorktown Heights, NY 10598

Phone: (914) 962-7868 Fax: (914) 962-1349

www.ycns.org

## APPLICATION FORM

Child's Name \_\_\_\_\_

Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please check: Currently have a child enrolled \_\_\_\_\_; Alumni \_\_\_\_\_

## PROGRAM REQUESTED

4 Year Old – 5 Day Program (M-F) \_\_\_\_\_ AM

4 Year Old – 4 Day Program (M-TH) \_\_\_\_\_ PM

3 Year Old – 3 Day Program (M,T,TH) \_\_\_\_\_ AM

3 Year Old – 3 Day Program (M,T,TH) \_\_\_\_\_ PM

Toddlers – 2 Day Program \_\_\_\_\_ AM

Enrollment policy states classes will be mixed when enrollment does not exceed 18 total students in either the jr am and sr am classes or the jr pm and sr pm classes. We will continue to accept applications on a wait list basis and when the total number of students enrolled is at least 22, we will split the session into two classes. No individual class will run with less than 5 students.

(over)

**To enable our teachers to best meet the needs of your child, please provide the following information:**

What questions or concerns do you have about any area of your child's development? Please describe:

Have you ever thought of having your child tested in any area of development, or has your child ever been tested? Please elaborate:

Has your child ever received or is your child now receiving any special services or help of any kind? Please describe:

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Please fill out and return this application form with your **non-refundable application fee of \$75 for new applicants**. Make checks out to YCNS, and mail to:

**YCNS  
P.O. BOX 1146  
Yorktown Heights, NY 10598**

**Thank you!**