

Windover Hills Nursery School

6751 Ridge Road Pittsburgh, PA 15236 412-653-6899

APPLICATION FORM

Tuesday and Thursday

9:15-11:30 AM ____ OR 12:30-2:45 PM ____

(Please indicate preference)

CHILD'S NAME: _____ GENDER: Male Female

NICKNAME: _____

ADDRESS: _____

ALTERNATE GUARDIAN'S NAME AND ADDRESS:

HOME PHONE NUMBER: _____ BIRTHDATE: _____

DOES THE CHILD LIVE WITH: MOTHER FATHER BOTH PARENTS

MOTHER'S NAME: _____ FATHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL: _____ EMAIL: _____

PLEASE CHECK HERE IF YOUR CELL PHONE ACCEPTS TEXT MESSAGES:

BABYSITTER / DAY CARE NAME AND PHONE: _____

EMERGENCY CONTACT AND PHONE: _____

ALLERGIES / HEALTH FACTORS: _____

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DOES THE CHILD HAVE ANY SPECIAL NEEDS THAT THE TEACHERS NEED TO BE AWARE OF?

LIST OTHER CHILDREN IN THE HOME WITH THEIR AGES: _____

SPECIAL LIKES, DISLIKES, AND FEARS: _____

IS YOUR CHILD POTTY TRAINED: YES NO

HOW IS YOUR CHILD DISCIPLINED? _____

PLEASE LIST ANY PREVIOUS GROUP EXPERIENCE (CHURCH, DAY CARE):

T-SHIRT SIZE: KIDS SMALL MEDIUM LARGE EXTRA LARGE

I agree to absolve Windover Hills United Methodist Church and Windover Hills Schools from any financial responsibility in the case of injury or illness to our child.

Parent Signature: _____

Date: _____

I give permission for my child to be photographed or videoed for school purposes.

Parent Signature: _____

Date: _____

**A \$45 application fee is due at the time of submission.