



Mommy & Me

(2 -3 year olds)

2011-2012

Name of Child _____ Male/Female _____ Birth date _____

Address: _____ Zip Code _____

Telephone: (Home) _____ (Cell) _____

Child resides with _____ Email _____

Name of Father/Guardian: _____ Occupation: _____

Business Address: _____ Telephone: _____

Name of Mother/Guardian: _____ Occupation: _____

Business Address: _____ Telephone: _____

Church membership of Mother/Guardian: _____

Church membership of Father/Guardian: _____

Child's Sunday school: _____

Number of other children in the family (give name, age, and sex of each child)

Other adults living in the household (grandparent, aunt or uncle, etc.): _____

I would like my child enrolled in Weekday Nursery School because

(All children must be accompanied by an adult. All children must be 2 prior to first class. Class limit is 6 children/w parents. Class time is 9:30-10:45am. If warranted an additional class will be added. Registration fee- \$30/each session, \$120/all four sessions.)

Class sessions on Tuesdays

- Session 1-Sept 27th, Oct. 4th,11th & 18th (Fall theme)
Session 2- Oct. 25th,Nov 1st, 8th & 15th- (Halloween/Thanksgiving theme)
Session 3- January 3rd, 10th, 17th & 24th (Winter theme)
Session 4- March 6th, 13th, 20th & 27th (Spring theme)

(All sessions taught by degreed/certified instructor)

Please check classes attending:

1st Session: _____

2nd Session: _____

3rd Session: _____

4th Session: _____

Snack will be provided at each class.
Please list any food allergies your child may have:

Sample Program: (Subject to Change)

Opening Free Play
Circle Time
Craft Corner
Snack
Closing Circle

Parent Signature: _____ Date: _____

*Please return all applications to: Weekday Nursery School, 10 Wildwood Ave, Pitman, NJ 08071.