



Toddler Mommy & Me

(17month- 2 year olds)

2010-2011

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 17 months prior to first class. Class limit is 5 children/w parents. Class time is 9:30-10:30am. If warranted an additional class will be added. Registration fee- \$20/each session, \$80/all four sessions.)

Class sessions on Thursday

Session 1-Sept. 30th, October 7th, 14th & 21st (Fall theme)

Session 2- Oct. 28th, Nov. 4th, 11th, & 18th- (Halloween/Thanksgiving theme)

Session 3- January 6th, 13th, 20th and 27th. (Winter theme) (Bonus Christmas Party/Dec)

Session 4- March 10th, 17th, 24th and 31st (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.