

Wesley Nursery School

8300 Old Georgetown Road, Bethesda, MD 20814

www.wesleynurseryschool.org • 301-654-5285 • info@wesleynurseryschool.org

For Office Use Only:

Date Received: _____

Check #: _____

Amount: _____

Application for Admission for the 2019-20 School Year*

Child's Full Name: _____
(Last) (First) (Middle)

Nickname: _____ Date of Birth: _____ Male Female
(Name you wish your child to be called at school.)

Birthplace: _____ Home Telephone: _____

Home Address: _____
(Number) (Street) (City) (State) (Zip Code)

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Business/Profession: _____ Business/Profession: _____

Work #: _____ Cell: _____ Work #: _____ Cell: _____

Email: _____ Email: _____

In Case of Emergency, when parents cannot be reached, the school may contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Two Year Old Programs
(2 by 09/01/2019)
(non co-op only)

Three Year Old Programs
(3 by 09/01/2019)

Four Year Old Program M-F
(4 by 09/01/2019)

2's T/Th

3's 3-day

Co-op 1 day every other
week

2's M/W/F

3's 5-day

Non Co-op

2's M-F

Co-op 1 day every other
week

Non Co-op

Others in Child's Home: Brothers: _____ Ages: _____

Sisters: _____ Ages: _____

Others: _____ Ages: _____

Primary language spoken at home: _____ Secondary (if any): _____

~ Please complete the reverse side ~

*Wesley Nursery School accepts all children without regard to race, color, religion, sex, or national origin. Student applications are processed in the following order: 1) currently enrolled students and siblings, 2) BUMC church members, 3) Alumni, and 4) new student applications.

This information is confidential:

Has your child ever received any developmental, educational, or behavioral evaluations? Yes No

Has your child ever received, or is currently receiving any therapies or services? Yes No

Please list any pertinent medical, psychological, or emotional issues regarding your child so that we may better serve his/her needs:

Does your child have any special dietary or allergy restrictions that we need to be aware of? If yes, please elaborate: _____

Previous school(s) attended: _____

Are you a member of Bethesda United Methodist Church? Yes No Religious Affiliation and name of congregation (Optional): _____

How and where did you learn about Wesley Nursery School? _____

Elementary school your child plans to attend (if known) : _____

Terms of Admission

For current families only: I understand a combined non-refundable application/registration fee of \$200 must accompany this signed application by noon Friday, December 7, 2018. A non-refundable deposit is due June 1 and is applied to the annual tuition. Monthly tuition payments are due September 1 through May 1. Families must be current in their tuition to enroll.

For new families only: I understand a combined non-refundable application fee of \$200 must accompany this signed application. A non-refundable deposit equal to one month tuition is due April 1st or at the time of registration. Monthly tuition payments are due September 1 through May 1. For registration deadlines, please see our website.

I acknowledge that all adults who co-op will be required by the United Methodist Church to sign a statement indicating that the adult does not have a history of child abuse, provide a MD and FBI background check (fee paid by co-oping adult), and a medical clearance form signed by your physician. Co-oping adults must attend a training session prior to working in the classroom.

If my child is accepted, I agree to comply with the school's regulations as set forth in the current WNS General Policies (*see website*) including WNS' immunization policy.

I hereby apply for a place in the Wesley Nursery School of the Bethesda United Methodist Church for my child for the school year 2019-2020.

Printed Name: _____

Date: _____

Signature: _____

(Parent or Legal Guardian)