

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: _____

2020-21 Second Semester Application for Admission*

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: _____

For 2020-21, All Programs Are Non-Co-op

Two Year Old Programs
(2 by 09/01/2020)

Two Days

Three Days

Three Year Old Programs
(3 by 09/01/2020)

Three Days

Five Days

Four Year Old Program M-F
(4 by 09/01/2020)

Five Days

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

I understand a combined non-refundable application/registration fee of \$200 must accompany this signed application.

The first monthly tuition payment is due 30 days before the 2nd semester start date or at the time of acceptance, whichever is sooner. Remaining tuition payments are due on the first of each month.* A \$30 fee will be assessed for late payments.

If my child is accepted, I agree to comply with the school's regulations and the 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 second semester of the 2020-2021 school year.

Printed Name: _____

Date: _____

Signature: _____

(Parent or Legal Guardian)

**If WNS closes due to COVID-19, after one month of classes, virtual classes will be held for up to two weeks. In the event of additional COVID-19 closings, tuition will be prorated based on days WNS is open.*