

# Wesley Nursery School

8300 Old Georgetown Road, Bethesda, MD 20814

[www.wesleynurseryschool.org](http://www.wesleynurseryschool.org) • 301-654-5285 • [info@wesleynurseryschool.org](mailto:info@wesleynurseryschool.org)

**For Office Use Only:**

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

## Application for Admission for the 2020-21 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 09/01/2020)  
(non co-op only)

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

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

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:

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

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Previous school(s) attended: \_\_\_\_\_

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

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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. 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 2020-2021.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent or Legal Guardian)