

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

## 2021 – 2022 School Year --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:** \_\_\_\_\_

**Two Year Old Programs**  
(2 by 09/01/2021)

**Two Days**

**Three Days**

**Non Co-op Only**

**Three Year Old Programs**  
(3 by 09/01/2021)

**Three Days**

**Five Days**

**If available, interested in co-op**  
**(1 day every other week)**

**Four Year Old Program M-F**  
(4 by 09/01/2021)

**Five Days**

**If available, interested in co-op**  
**(1 day every other week)**

**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 of the first month's tuition is due May 1 and is applied to the annual tuition. Monthly tuition payments are due September 1 through April 1. Families must be current in their tuition to enroll.

**For current 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 April 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 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 2nd 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.*