



Application Form

The Worthington Nursery School

865 Dobbs Ferry Road • White Plains • NY 10607 • (914) 345-0555

TheWorthingtonNurserySchool@yahoo.com

Web: TheWorthingtonNurserySchool.com

Child

Name _____

Nickname _____

Address _____

City _____ Zip _____

Home phone _____

D.O.B. _____ Sex _____

Does your child have any: disabilities, allergies, dietary restrictions, medical requirements? _____

Does your child have any special education or behavioral needs? Please describe _____

Family

Mother

Name _____

Business Ph. _____

Cell # _____

Email _____

Place of work _____

Profession _____

Child lives in the custody of _____

Father

Name _____

Business Ph. _____

Cell # _____

Email _____

Place of work _____

Profession _____

Siblings

Name _____ Age _____

Name _____ Age _____

Emergency

Emergency Contacts (other than parents)

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Doctor

Name _____ Phone _____

Pick-up

The following people are authorized to pick-up/drop-off my child

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Photo ID will be required for all non custodial pick-ups. Written notice by custodial parent(s) is required for all pick-ups not named above.

Registration

Programs – Please check

Part-time Morning – Monday to Friday / 8:45am – 11:45am

Part-time Afternoon – Monday to Friday / 12:30pm – 3:30pm

Full-time – Monday to Friday / 8:45am – 3:30 pm

Early drop-off – Monday to Friday / 7:00am – 8:45am

Extended Day – Monday to Friday / 3:15pm – 6:30pm

Billing Information (if other than parents)

Name _____ Relation to child _____ Phone # _____

I give permission for my child to:

Receive emergency medical treatment Y N Appear on school website Y N

Go on field trips Y N Appear in brochures and advertisements Y N

The first month's tuition payment is due upon start of the program. All applications are subject to a two-week trial period. I understand and agree to pay the required tuition fees and that my obligation to pay the tuition fees for the program I have selected, as per payment schedule, is unconditional. No portion of tuition paid will be refunded in the event of absence, withdrawal or dismissal. I have read the school policy and agree to abide by the same in the event my child is accepted.

Parent Signature _____

Date ____/____/____