



APPLICATION FOR ADMISSIONS

Please return to 606 Columbus Ave, NY, NY 10024 with a non-refundable \$80 Application Fee and a recent photograph of your child

Checks may be written to Columbus Townhouse Nursery, Inc.

Child's Name _____

First Last

Male _____ Female _____

Child's Date of Birth _____

Child's Address _____

_____ (City, State, Zip)

Home Phone Number _____

Age group requested: Please circle

2s/3s: Tu/Th AM, M/W/F AM or T/W/Th PM

3s: M-F AM or PM, M-F Full-day

4s/Pre-K Program: M-F Full-day

We will try to accommodate all requests

Child's Parent

Name _____

Home Address _____

_____ (City, State, Zip)

Home Phone Number _____

Cell Number _____

Email Address _____

Occupation/Business _____

Work Address _____

_____ (City, State, Zip)

Work Phone _____

How did you hear about Columbus Pre-School? _____

Is your child currently enrolled in any school and/or enrichment program? Please list:

Is your child enrolled in a separation program? Please list:

Please list age(s) of sibling(s) and school(s) they attend. _____

Has your child ever been evaluated either publicly or privately? _____

Does your child have any special needs? If yes, please describe: _____

COLUMBUS PRE-SCHOOL does not discriminate applicants or students on the basis of race, color, religion, and national or ethnic origin. COLUMBUS PRE-SCHOOL reserves the right to enroll special needs children who fit appropriately into our program. COLUMBUS PRE-SCHOOL reserves the right to screen all applicants.

Parent's Name _____

Print Parent's Name

Parent's Signature _____

Date _____

Parent's Name _____

Print Parent's Name

Parent's Signature _____

Date _____