

CHEVY CHASE PRESBYTERIAN CHURCH
WEEKDAY NURSERY SCHOOL
One Chevy Chase Circle, NW
Washington, DC 20015
wns@chevyCHASEPC.org
202-363-2209

2017-2018 APPLICATION

Co-operative _____ Non Co-operative _____ (For 3, 4 and 4+ classes)
Co-oping is helping out in your child's classroom once or twice a month

(Please indicate 1st, 2nd choice)

Five day class, Transition/4+ _____
(Must turn 5 by September 30)
Five day class, four year olds _____
(Must turn 4 by September 30)
Five day class, three year olds _____
(Must turn 3 by June 30)
Three day class, three year olds _____
(Must turn 3 by September 30)
Two day class, three year olds _____
(Must turn 3 by September 30)
Two day class, two year olds _____
(Must turn 2 by September 30)
One day class, Toddlers _____
(Must turn 1 by August 31)

Mondays 12:00-2:30 _____
Lunch Bunch 3's, 4's, 5's _____
Tuesdays 12:00-2:30 _____
Enrichment 4's and 5's _____
Enrichment 3's _____
Wednesdays 12:00-2:30 _____
Enrichment 4's and 5's _____
Enrichment 3's _____
Thursdays 12:00-2:30 _____
Lunch Bunch 4's and 5's _____
Lunch Bunch 3's _____
Fridays 12:00-2:30 _____
Lunch Bunch 3's, 4's, 5's _____

Name of child _____ Child is called _____

Date of birth ____/____/____ Place of birth _____ Sex _____ Age _____

Other languages spoken in the home _____ e-mail _____

Name of parents or guardians _____

Address _____

_____ Zip Code _____

Home Phone Number _____ Cell phone Parent 1(name) _____

Cell phone Parent 2 (name) _____

Doctor's Name _____ Phone number _____

Name of neighbor if parents cannot be reached _____

Phone number _____

Please turn over

Parent 1 occupation (name) _____ Work phone _____

Place of employment _____

Address _____

Parent 2 occupation (name) _____ Work phone _____

Place of employment _____

Address _____

Other children in the family:

Brother(s) _____ Age(s) _____ Name(s) _____

Sister(s) _____ Age(s) _____ Name(s) _____

Other adults in home: (grandparent, housekeeper)

Name(s) _____ Relationship(s) _____

Other school(s) child has attended _____

Sibling attended CCPC? _____ Dates _____

Parents' Church _____

How did you hear about our school? _____

Signed _____

Parent

Date _____

A registration fee of **\$50.00 (\$80.00 for 2 children)** is due with this application. This fee is non-refundable. Each month's tuition is due on or before the **FIRST** of the month.

Please make checks payable to: **Chevy Chase Presbyterian Church** or **CCPC WNS**.

Additional Comments: