

**ST. PAUL'S EPISCOPAL NURSERY SCHOOL  
ENROLLMENT FORM – 2005/2006 SCHOOL YEAR  
(This Form for New Students Only)**

PRIORITY (refer to Enrollment Policy) \_\_\_\_\_ DATE \_\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ GENDER M \_\_\_\_\_ F \_\_\_\_\_  
 MOTHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 FATHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 CHILD'S AGE AS OF SEPTEMBER 1, 2005: \_\_\_\_\_ YEARS AND \_\_\_\_\_ MONTHS OLD

**This Enrollment Form must be accompanied by a non-refundable registration fee of \$50 for the first child and \$45 for each additional child.** Checks should be made payable to St. Paul's Episcopal Nursery School. The registration fee will be refunded if the child is not placed in the school.

Enrollment Forms should be mailed to the following address and should be postmarked **no earlier than Wednesday, Feb. 2<sup>nd</sup>** (priority given to Enrollment Forms postmarked February 2<sup>nd</sup> or later in the order received):  
 St. Paul's Episcopal Nursery School  
 1066 Washington Road  
 Pittsburgh, PA 15228

Please mark your preference for the 2005-2006 year. Please indicate your **maximum possible choices in numerical order**. Final placement is at the discretion of the Director:

**Morning Classes:**

Monday a.m. Parent/Toddler \_\_\_\_\_  
 Friday a.m. Parent/Toddler \_\_\_\_\_  
 Tuesday/Thursday a.m. 2-1/2 Year Old Class \_\_\_\_\_  
 Tuesday/Thursday a.m. 3 Year Old Class \_\_\_\_\_  
 Monday/Wednesday/Friday a.m. 3 Year Old Class \_\_\_\_\_  
 Monday/Wednesday/Friday a.m. 4 Year Old Class \_\_\_\_\_  
 Four Day a.m. 4 and 5 Year Old Class \_\_\_\_\_

**Afternoon Classes:**

Monday p.m. Parent/Toddler \_\_\_\_\_  
 Tuesday/Thursday p.m. 2-1/2 Year Old Class \_\_\_\_\_  
 Tuesday/Thursday p.m. 3 Year Old Class \_\_\_\_\_  
 Tuesday/Thursday p.m. 4 Year Old Class \_\_\_\_\_  
 Monday/Wednesday/Friday p.m. 3 Year Old Class \_\_\_\_\_  
 Monday/Wednesday/Friday p.m. 4 Year Old Class \_\_\_\_\_  
 Monday/Wednesday/Friday p.m. 4-1/2 to 5 Year Old Class \_\_\_\_\_  
 Four Day p.m. 4 and 5 Year Old Class \_\_\_\_\_

If you have any questions, please contact Jane Adams at (412) 531-2644.

Please complete Student Information for Office Directory:

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Family E-Mail Address \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Office Use Only:

Date Form Received \_\_\_\_\_ Starting Date \_\_\_\_\_

Amount Paid

\_\_\_\_\_

Class Assignment

\_\_\_\_\_