

**Briarcliff Nursery School**

40 Morningside Dr. Ossining, NY 10562

914-941-4373 Fax 914-941-4453

[director@briarcliffnurseryschool.com](mailto:director@briarcliffnurseryschool.com)

**2019-2020 APPLICATION** (**New Students Only**)

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name/s**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Requested**

(Please indicate your 1st, 2nd and 3rd choice)

|  |  |  |
| --- | --- | --- |
| **2’s Classroom**  9:00-11:55 a.m. | 5 days (M-F) |  |
| 3 days (M-W) |  |
| 2 days (Th,F) |  |

|  |  |  |
| --- | --- | --- |
| **3’s Classroom**  9:00-11:55 a.m. | 5 days (M-F) |  |
| 4 days (days vary) |  |
| 3 days (days vary) |  |

|  |  |  |
| --- | --- | --- |
| **4’s Classroom**  9:00-11:55 a.m. | 5 days (M-F) |  |

Does your child have any special medical or learning needs that we should be aware of? If so, please explain. ***This information will not impact admission in any way.*** The information is helpful in terms of thinking about grouping.

**Signature Date**

**Please return this form along with a $50 non-refundable application fee payable to Briarcliff Nursery School.**

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Authorization Received \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No