

40 Morningside Dr. Ossining, NY 10562

914-941-4373 Fax 914-941-4453

director@briarcliffnurseryschool.com

administrator@briarcliffnurseryschool.com

**2022-2023 APPLICATION** (**New Students Only**)

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

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

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

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

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

**Session Requested**

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

|  |  |  |
| --- | --- | --- |
| **2’s Classroom**8:55-11:50 | 5 days (M-F)  |  |
| 3 days (M-W) |  |
| 2 days (Th,F)  |  |

For Incoming 3’s families who are interested in 3 or 4 days, please indicate which days of the week you prefer.

|  |  |  |
| --- | --- | --- |
| **3’s Classroom**9:10-12:05 | 5 days (M-F) |  |
| 4 days (days vary)  |  |
| 3 days (days vary)  |  |

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

\*\* Start times may change slightly

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.*** This information is helpful in terms of thinking about the number of kids, staffing, and grouping.

**Signature Date**

**Please return this form along with a $100 non-refundable application fee payable to Briarcliff Nursery School.**

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

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