



40 Morningside Dr. Ossining, NY 10562
 914-941-4373 Fax 914-941-4453
director@briarcliffnurseryschool.com
administrator@briarcliffnurseryschool.com

Application for the 2025-2026 School Year
 (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)	

3's Classroom 9:05-12:00	5 days (M-F)	
	4 days (days vary)	
	3 days (days vary)	

4's Classroom 9:00-11:55	5 days (M-F)	

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

** Start times may change slightly

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