



Mt. Airy Nursery School
 2124 Albany Post Road, P.O. Box 463
 Montrose, NY 10548
 914-736-1447
 info@mountairyschool.com

Mt. Airy Nursery School Application Form

| | |
|--------------------------------------|-------------------|
| For Office Use Only: | |
| Date Deposit Paid _____ | |
| Payment _____ | |
| Start Date: _____ | |
| RCC Y / N _____ | Staff Y / N _____ |
| Tour Given By: MF / TK / Other _____ | |

Today's Date _____

Please reserve space for my child _____,
 (first & last name) (date of birth)

for the 2017-18 school year. Enclosed is the \$50 Application Fee, which reserves a place for my child.

I am interested in. . . (please check all that apply – remember that there is a minimum of three morning sessions per week.)

- Morning Sessions
 - five mornings a week
 - four mornings a week
 - three mornings a week

- Afternoon Sessions (open to children 3+ years old)
 - four afternoons a week
 - three afternoons a week
 - two afternoons a week
 - one afternoon a week

My present contact information:

PARENTS' NAMES _____ TELEPHONE _____

ADDRESS _____

ZIP _____

EMAIL ADDRESS _____

 (signature)

Please enclose a check or money order in the amount of \$50.00 payable to Mt. Airy Nursery School. The Application Fee is non-refundable but will be applied towards your first tuition payment.

How did you hear about Mt. Airy? _____

(If you heard about us from a specific friend or family, please put their name; we would like to thank them!)