



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/LK Other _____

Mt. Airy Nursery School

2124 Albany Post Road, P.O. Box 463

Montrose, NY 10548

914-736-1447

info@mountairyschool.com

Today's Date _____

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

for the 2018-19 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 for children in the twos and threes programs and a minimum of four sessions per week for students who will graduate in June and go on to kindergarten.)

- 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!)