

**Curiosity Corner Nursery School**  
**Wauwatosa Presbyterian Church**  
**2366 N. 80<sup>th</sup> Street**  
**Wauwatosa, WI 53213**

<i>Office Use Only</i>	
Date Rec'd _____	
Check # / Cash _____	
M/W _____ T/Th _____ F _____	
M/W PM _____	

**APPLICATION FOR ENROLLMENT**

Child's Name _____	Birth Date / /	Age as of 9/1/12	
Application Date _____	First Date of Attendance Mon. 9/10/12 or Tues. 9/11/12	Number of Classes/Week 2 or 3	Sex

1. Parent or Guardian with whom child resides:

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

City \_\_\_\_\_, WI Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address (print) \_\_\_\_\_

2. Where parent or guardian can be reached when child is at school:

Mother (address) \_\_\_\_\_ Telephone \_\_\_\_\_

Father (address) \_\_\_\_\_ Telephone \_\_\_\_\_

3. Person to be notified in case of emergency when parents cannot be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

4. Name of child's physician or medical facility:

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

5. Persons authorized to call for my child (must have at least one other than parents):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

6. I hereby agree to the following terms:

- a. I want to enroll my child in the \_\_\_\_\_ (Mon-Wed) \_\_\_\_\_ (Fri) class  
\_\_\_\_\_ (Tue - Thu) \_\_\_\_\_ (Fri) class.  
\_\_\_\_\_ (Mon-Wed PM) \_\_\_\_\_ (Fri) class

b. Attached herewith is a \$100.00 deposit to be applied to the total fee.

The balance of the fee payment \$ \_\_\_\_\_ is to be received within two (2) weeks of the first date of attendance.

\_\_\_\_\_ I want to make different payment arrangements (to be explained at Parent Orientation)

- c. In case of emergency, as determined by the staff, I give permission for CCNS to utilize the City of Wauwatosa Paramedic Squad or other ambulance service for my child for emergency medical treatment or care.
- d. I give permission for my child to be taken on sponsored walking field trips during the school year.
- e. I give permission for my name, address and phone number to be released on a school roster, available to the families of CCNS.
- f. I give CCNS my permission to photograph or videotape my child for the purposes of advertisement, posting pictures to display daily activities or for historical purposes and for our Web site.
- g. Animals are not kept as pets at CCNS. If an animal/pet is to be brought in, I will be informed.

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Parent/Guardian signature

Termination date \_\_\_\_\_