



Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

**Child's Previous Experience at Hurley Nursery School**

Child previously attended 2-day/3-day class. Year(s) attended? \_\_\_\_\_

Sibling previously attended 2-day/3-day class.  
Sibling's Name \_\_\_\_\_ Year(s) attended? \_\_\_\_\_  
\_\_\_\_\_ Year(s) attended? \_\_\_\_\_

Child previously attended My Grown Up and me: Yes/No?

How did you hear of the Hurley Nursery School? \_\_\_\_\_

Are you interested in a position on the Governing Board? \_\_\_\_\_

**PLEASE CHECK SESSION DESIRED:**

\_\_\_\_\_ **3-DAY SESSION (Your child must be 4 years old by December 1<sup>st</sup>)** **\$1400.00 AM Class**  
This session meets Monday, Tuesday and Thursday **\$1600.00 PM Class**  
\_\_\_\_\_ I prefer the morning class (9am – 11:30am)  
\_\_\_\_\_ I prefer the afternoon class (12:30pm – 3:30pm)

*if my preferred class is not available, please*  
\_\_\_\_\_ *place my child in the other class if possible.*  
\_\_\_\_\_ *put my child on a waiting list for the specified class*  
*(check all that apply)*

\_\_\_\_\_ **2-DAY SESSION (Your child must be 3 years old by December 1<sup>st</sup>)** **\$1050.00**  
(This class meets Wednesday and Friday from 9:00am – 11:30am)

*Note: HNS supports New York State law prohibiting teachers from administering medications for any reason.*

I hereby express my desire to have my child enrolled in the Hurley Nursery School by payment of a \$25.00 Non-refundable application fee. Please make check payable to the Hurley Nursery School and enclose this form.

\_\_\_\_\_  
Signature of Parent or Guardian (Proof of Guardianship Required)