



NORTHMINSTER NURSERY SCHOOL

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Application Form for 2019-20

PARENTS, PLEASE COMPLETE:

Class Choices: AM _____ PM _____

Number of Days _____

Second Choice: AM _____ PM _____

I want to register for Extended Day _____

Name of child _____

Birthdate _____ Sex _____ Nickname _____

Home Address _____ Phone (____) _____

_____ Zip _____

Parent #1 name and e-mail address _____

Parent#2 name and e-mail address _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

Do both parents live at the same residence? _____

If not, please provide a second address _____

Special Needs _____

Name, Age, and Sex of Siblings _____

Scheduling Requests _____

Signature of applying Parent/Guardian _____

Please return this form with the accompanying \$50 application fee.

For Office Use Only:

Application date _____

Fee _____ # _____

Deposit date _____

\$ _____ # _____

NPC Member _____

Currently Enrolled _____

Enrolling Multiple children _____

Previously enrolled family _____

New family _____